



**An Exploration of the Self-Esteem of Young Carers in Relation to Parents and Peers**

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**Doctorate in Educational Psychology (DEdPsy)**

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## **Summary**

The subject of this research is the self-esteem of young carers in relation to non-young carers and according to the nature of their care recipients' disability. It is made up of three related sections including the major literature review, the journal article and the reflective summary. The literature review seeks to outline current knowledge and understanding in the area with an emphasis on identifying areas for further research. It is intended to illustrate how the current research study is informed by and related to the areas identified for further research. The journal article provides an account of the research undertaken in a bid to further knowledge in the field. Specifically, it details the methodology employed, the research findings and an interpretation of the findings in relation to current knowledge and understanding. The reflective summary is intended to outline the contributions made to knowledge and understanding in the research area with specific reference to knowledge related to self-esteem, young carers' socio-demographic characteristics, the well-being of young carers, and the role of the educational psychologist. It is also intended to provide a critical account of the research process from inception to dissemination.

## **List of Abbreviations**

<b>YCs</b>	Young Carers
<b>NYCs</b>	Non-Young Carers
<b>LA</b>	Local Authority
<b>EP</b>	Educational Psychologist

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## **Part A: Literature Review**

***(9,999 words excluding subheadings and references)***

### **Search Parameters**

A systematic approach was adopted to review the literature. Searches included electronic databases including PsychINFO and Ovid and internet searches including Google Scholar. The search terms used included the term 'young carers' along with 'effects', 'psychology', 'outcomes', 'educational psychology', 'mechanisms' and 'disability'. Given the high level of third sector and statutory involvement with YCs, internet searches were conducted to survey information conveyed on their websites. The reference lists of articles attained were surveyed for further literature related to the current research.

### **Introduction**

Children and young people who provide unpaid care for a family member are collectively referred to as young carers (YCs). This systematic review of the literature aims to describe current knowledge stemming from theory, research, policy and practice relating to the number of YCs in the UK and the roles they undertake. It is intended to present a critical evaluation of the research that has investigated the different ways in which children are affected by their role as YCs. It will touch on the effects on their physical health with a greater focus on the effects related to their psychological well-being. The systems in which these effects appear to manifest along with the mechanisms that may underpin them will also be presented and evaluated.

This review will conclude with the identified need for further research in relation to the effects of caring during childhood on YCs' psychological well-being (Earley & Cushway, 2002). The literature will emphasise the manifestation and mechanisms of effects on YCs within the distinct but related systems of the parent/family and peer/social. The case will be made for future research to consider the psychological well-being of YCs in relation to these settings. The case will also be made to draw upon the psychological construct of self-esteem for further investigation within these contexts. The relevance of this area of enquiry to educational psychology practice will also be considered.

Though related, the large body of literature pertaining to YCs who care for a sibling will not be considered in relation to the current research. It is also beyond the scope of this literature review to consider, in depth, the social construction of YCs from a westernised perspective of childhood. This review will therefore not investigate the construct of YCs as contributors to the

labour force, nor will it explore the media constructions of YCs as little heroes or little victims (Bibby & Becker, 2000). It is also not the subject of this review to consider the debate related to support for disabled parents over support for children who undertake a caring role (Olsen, 2002; Newman, 2002). Nor is it to consider, at length, the reasons why children become YCs.

It is important to draw attention from the outset to the distinction between children who live with a disabled family member but do not provide support, and children who actively care for a disabled family member in order to support the household. The majority of children who have a disabled relative will not need to undertake a caring role due to the support from voluntary agencies, statutory services and the wider family (Dearden & Becker, 2000).

### **Young Carers, Context**

This section aims to provide an overview of the profile of YCs in terms of their recognition as a discreet group within policy, research and practice. It is intended to provide an insight into the prevalence of children and young people who care for a family member with a disability, how these children and young people are defined, along with tasks they undertake and for whom.

#### *The Rise in Profile*

The recognition of YCs as a group by voluntary organisations, policymakers and academic researchers has gained pace rapidly (Norman & Purdam, 2013). Though it is probable that a number of children and young people have always provided informal (unpaid) care within the home around the world, related research and policy have only begun to emerge over the past 30 years. Indeed, prior to the early 1980s, representation of YCs within these arenas was so sparse that it has been described as a “literature of omission” (Aldridge & Becker, 1993a).

Recognition and support for YCs within the UK have arguably been led by the voluntary sector. Organisations such as Crossroads, Family Action and Action for Children continue to offer respite and tailored support for children and young people identified as being YCs across the United Kingdom (UK; Richardson, Jinks & Roberts, 2009). Despite taking the lead in addressing the identified needs of this population, there has been a shift in the way some voluntary organisations are tackling the subject of YCs. This shift is due to concerns regarding the potential for such support services to inadvertently function as a reward for YCs, thus possibly reinforcing them in their roles (Pakenham, Chiu, Bursnall & Cannon, 2007). In a similar vein, organisations such as the Disabled Parents Network, amongst others, have called for greater support for disabled parents to enable them to undertake their parenting role rather than



respite support for YCs (Aldridge & Becker, 1993; Dearden & Becker, 1998; Frank, Tatum & Tucker, 1999; Banks, Cogna, Riddell, Deeley, Hill & Tisdall, 2002).

YCs have a presence within policy, receiving increasing attention from government bodies. The needs and well-being of YCs have been discussed in relation to the rights of children to “rest and leisure” along with their rights to develop their “personality, talents, mental and physical abilities to their fullest potential”, as outlined within the UN Convention on the Rights of the Child (1989) (Bibby & Becker, 2000). At a more local level, this attention is evident in Ofsted’s (2009) survey of a number of local authorities’ support processes for YCs and the publishing of the coalition government’s Carers’ Strategy (2010). Local Authority Children’s Services Plans characteristically contain a section addressing YCs’ perceived needs (Newman, 2002). It was felt that as a result of a consultation by the Department of Health, schools should be more “carer aware” (HM Government, 2010; as cited in Doutre, Green & Knight-Elliott, 2013).

Within academia, this rise in their recognition in the UK has seen the formation of the YCs Research Group (YCRG) at Loughborough University, which has contributed exponentially to the academic profile of research relating to YCs in the UK and further afield. YCs are also increasingly represented within the health psychology research literature (e.g. Pakenham et al., 2007).

#### *Prevalence and Characteristics*

Informal care for a family member by a child or young person is most likely a global phenomenon (Becker, 2007). This is evidenced by research on the caring roles undertaken by children and young people coming from both the Western world, including the UK (e.g. Aldridge & Becker, 2003), Australia (Ireland & Pakenham, 2010), and the United States of America (Levine, Hunt, Halper, Hart, Lautz & Gould, 2005), and increasingly from the developing world, such as sub-Saharan Africa (Robson, Ansell, Huber, Gould & van Blerk, 2006).

The prevalence of YCs in the UK is unclear. The 2001 census, for the first time, included questions pertaining to children and young people’s unpaid caring responsibilities. The results suggested the number of children and young people undertaking unpaid caring responsibilities to be 149,929 (Office of National Statistics, 2001). The 2011 census again included these questions. The results suggested that the number of children and young people undertaking unpaid caring responsibilities in the UK in 2011 was 177,918, demonstrating an increase of

approximately 19% (ONS, 2011). Responses also indicated that the highest percentage of children and young people undertaking caring responsibilities in the UK was in Wales: 2.6%.

However, it is likely that the numbers discussed above are an underestimation of the number of children and young people undertaking a caring role within the family. For example, on the basis of his research findings, Becker (2010) concluded that four times as many young people should be classified as YCs as the 2001 census estimated. Becker (2010) administered a questionnaire to 4,029 children from 10 secondary schools. The aim of the questionnaire was to ascertain the number of children who considered themselves to be YCs. The results prompted Becker to claim that one in 12 young people are YCs. This equates to a figure of 700,000 YCs in the UK, which is much higher than the 175,000 figure indicated by the UK Office of National Statistics census data in 2001.

Though the prevalence is unclear, the number of children providing care is clearly sizable and numbers are likely to grow within the current political and economic climate (Doutre et al., 2013) due to the demographics of an ageing population and the increasing numbers of single parent families (Aldridge & Becker, 1993; Shifren & Kachorek, 2003).

There are many possible reasons for such a conflicting picture of the prevalence of YCs in the UK. One could be the lack of a universal definition of what constitutes a YC (Newman, 2002). It is feasible that, without a generally accepted definition of a YC, there may be a lack of understanding amongst professionals, as well as children and young people (which prevents them from identifying themselves as such) (Smyth, Blaxland & Cass, 2011). In terms of the census data (ONS, 2001 & 2011), it is important to remember that respondents are adults completing the questions, not the children and young people themselves. Different figures could also reflect a reluctance to identify themselves as YCs for fear of involvement from outside agencies with possible repercussions relating to child protection (Frank et al., 1999). It is also possible that the social acceptance as well as the visibility of certain categories of disability lend themselves to the identification of young people as carers more than others. For example, it could be argued that a YC whose care recipient has a physical disability is more likely to be recognised on the basis of visibility and social acceptance than a YC whose care recipient's disability is of a mental health or substance misuse nature, both of which are hidden disabilities and often marked by social stigma and prejudice (Aldridge & Becker, 2003). The often hidden nature of YCs poses methodological challenges in collecting and collating the experiences of YCs and their families for research. It also poses challenges to practitioners in

recognising and addressing the needs of this population, potentially placing hidden YCs at greater risk.

### *Definition and Characteristics*

Within the research literature there continues to be debate surrounding the definition of a YC. Though there are commonalities in the numerous definitions, including age (i.e. under 18) and the undertaking of tasks usually associated with adult competencies and responsibilities, the definition chosen appears to be largely dependent on the intended operationalisation. For example, organisations, particularly voluntary agencies, may adjust their definition in order to fit their intended group of service users, e.g. children of parents with a particular disability (Cree, 2003).

Others define YCs according to the tasks they undertake, e.g. by the degree to which their activities differ from the activities of their peers who do not care for a disabled family member as well as the consequences faced by the young person and their family if they do not fulfil their caring responsibilities (Warren, 2007). In order to define YCs in this manner, it is first necessary to establish the tasks that YCs typically undertake and the differences between these tasks and the tasks undertaken within the home by children and young people who are not YCs.

A number of researchers have sought to quantify the nature of YC's caring responsibilities (Aldridge & Becker, 1993, 1994; Dearden & Becker, 2004; Warren, 2007; Ireland and Pakenham, 2010).

Dearden and Becker (2004) undertook a cross-sectional survey of over 6,000 YCs receiving support from YCs projects in the UK in a bid to increase demographic knowledge and understanding surrounding the type and amount of caring they undertook and for what proportion of time. The average age of YCs in their study comprised 12.86% being of a compulsory school age, 56% were girls, 44% were boys, and 16% were from ethnic minority groups. They discovered that 50% provided care for a relative with a physical health condition, whereas 29% provided care for a relative with a mental health condition. When investigating the different tasks carried out by the YCs, they found that 11% undertook sibling care, 68% undertook domestic tasks, 18% undertook intimate care, and 82% provided emotional support. They explored the relationship between the nature of the care recipients' disability and the tasks undertaken by YCs. They found that those whose care recipient's needs were associated with a physical disability were more likely to undertake intimate care than those

whose care recipient had a mental health difficulty. YCs were engaged in more emotional support when the care recipients' needs were related to mental health difficulties. The types of care undertaken by the participating YCs included child care (e.g. supervision of siblings), personal care (e.g. dressing, feeding, toileting), support of an emotional nature (e.g. supervising, observing care recipients' emotional state), nursing tasks (e.g. supporting mobility, giving medication, changing dressings), and domestic duties (e.g. cleaning, cooking). However, though the large sample size is commendable, the survey only took into account the experiences of young people identified as YCs, making it difficult to compare the type and duration of tasks, specifically the domestic care tasks, to those undertaken by children within the general population.

Some have proposed that to a certain degree, all children and young people contribute to supporting their family, and that caring responsibilities should be viewed along a continuum of care (Frank, 2002). This stance implies that the activities undertaken by YCs may not differ significantly from those of their peers.

In an attempt to address this critique, Warren (2007) sought to compare the lives of identified YCs to the lives of children and young people within the general population who were not undertaking a caring role. Using a control group design of 378 young people from the general population and 12 known YCs, individual face-to-face structured interviews of a quantitative nature were undertaken with the participants. The findings indicated that YCs differ distinctly from children and young people in the general population who are not YCs with regard to the time, frequency and nature of caring and domestic tasks undertaken. These findings emphasise the distinction between general domestic tasks undertaken by children and young people who do not undertake caring for a disabled family member and the tasks undertaken by YCs. Warren (2007) references finding that a number of participants from the 'general population' samples appear to be undertaking significant caring and domestic tasks despite not being known to support agencies as YCs (Warren, 2004).

More recently, Ireland and Pakenham (2010) developed a measure aimed at identifying the care tasks undertaken by youths within the context of family disability and/or illness, known as the Youth Activities of Caregiving Scale (YACS). The measure was compiled on the basis of factor analysis performed on the responses from the 135 participants. It yielded four dimensions of tasks undertaken by YCs: domestic/household care, instrumental care, personal/intimate care, and social/emotional care. The tasks identified by Dearden and Becker (2004) in their large-scale survey appear to fall within the categories identified by Ireland and

Pakenham (2010), increasing understanding regarding the characteristics of the young carer role.

Other researchers have sought to define YCs according to the characteristics of the care recipients' disability. In their survey, Dearden and Becker (2004) found that 50% of care recipients' illness/disability was of a physical make-up, 29% of a mental health nature, 17% learning difficulty, and 3% due to sensory impairments. Defining YCs according to the care recipients' disability is becoming increasingly relevant as the care recipients' disability has been found to impact upon adjustment outcomes for YCs (Ireland & Pakenham, 2010).

However, it may be over-simplistic to define YCs according to the nature of their care recipient's disability or the tasks they undertake. This is especially the case when one considers that the demands placed upon YCs are likely to fluctuate and differ according to circumstances. Due to the often complex nature of both families and disability, it is likely that the caring demands placed upon a young person will fluctuate. Robson et al. (2006) note that young people may be called upon to care in periods of temporary crisis. Indeed, participants in Aldridge and Becker's (2003) study make reference to the dependency of their caring role on their relative's fluctuating condition.

The type and degree of responsibilities which fall to a young person are reflective of a number of complex related factors including the young person's age and gender, the family's socio-economic status and structure, their level of familial and social support and, not least, the type and severity of the disability of the family member being cared for (Aldridge & Becker, 2003; Dearden and Becker 1998; Frank, 2002).

Thus, a number of definitions appear to be moving away from what a YC does (activities) to how they are affected (impact and/or restrictions) by their caring responsibilities (Newman, 2002). Aldridge and Becker (2003) echo the recommendations of two reports commissioned by the National Assembly for Wales (Thomas, Stanton, Doubtfire & Webb, 2001; Seddon, Jones, Hill & Robinson, 2001) which emphasise the need for a definition based on the impact and effects of caring for a family member who is ill or disabled on the YC. Many services for YCs employ a screening tool which measures the effects of caring on a YC. Implicitly, this criterion for accessing services implies recognition that not all young people are negatively affected by their caring role.

Due to the wide range of roles undertaken by children and young people in caring for a family member and the diversity of care recipients' needs and familial contexts which present

themselves, it is arguably necessary to adopt a wide definition so as not to risk exclusion (Seddon et al., 2001; Newman, 2002). Due to the possible legal ramifications, official definitions are often sufficiently specific (Davidson, 2009) and ambiguous (Banks et al., 2002) to ensure that individuals are not excluded from statutory legal processes.

### *Summary*

The aim of this section was to provide an overview of the profile of YCs. Taking into account the diversity of the information discussed, it is clear that the literature surrounding young YCs is marked by variance and, therefore, not conclusive. This is perhaps due to an array of factors including the complexity of family systems, the often 'hidden' nature of YCs as well as the different agendas of those seeking to portray the profile of YCs which differ between policymakers, researchers and voluntary agencies. As a result, it seems that the literature is beginning to delineate from the collective concept of 'YCs' to take account of the heterogeneity of this group.

Though the prevalence of YCs is unclear, it is apparently sizeable with estimates ranging from 3–8% (ONS, 2011; Becker, 2010), which emphasises the continued need to understand the context and effects of caring during childhood to ensure that YCs' needs are being identified and met. Given the heterogeneity of YCs, a broad definition is advisable to avoid any exclusion. This is significant as research suggests that YCs differ from their non-caring peers on account of the tasks they undertake as well as the intensity and frequency of those tasks (Warren, 2007). The shift in focus by support services for YCs regarding the degree to which they are affected by their role (Thomas et al., 2003) demonstrates a need for continued research into the psychological well-being of YCs in comparison to their non-caring peers.

### **Research on the Effects of Being a Young Carer**

The following section will explore the identified effects of being a YC according to reports from voluntary agencies, academic research groups and policy publications. This section will consider the negative effects identified as well as the growing recognition of the potential benefits of caring for a family member.

The effects which have been explored by the literature appear to fall into the categories of physical health, psychological well-being, social well-being, education and future life opportunities and positive effects.

#### *Physical well-being:*

The literature cites a number of findings in relation to the negative outcomes for YCs physical well-being as a consequence of their caring responsibilities. From the effects of lifting (Hill, 1999) to the effects of frequent broken nights' sleep and tiredness (Morgan, 2006; Rose & Cohen, 2010). There is also the possibility that YCs can be at risk of the care recipient causing them physical harm, more likely in relation to care recipients whose disability is of a substance misuse and/or mental health nature (Aldridge & Becker, 2003). The 2011 census revealed a negative association between the quantity of unpaid care being undertaken and YCs' general health.

#### *Psychological well-being:*

The psychological well-being and mental health outcomes of YCs are often cited in reports undertaken by charitable organisations (e.g. Frank, 2002). However, research directly measuring the psychological outcomes of this group is limited and often drawn from qualitative methods (Earley & Cushway, 2002). Of those who have sought to directly explore the relationship between caring during childhood and psychological well-being, the outcomes range in severity (Frank et al., 1999; Cree, 2003; Sieh, Meijer, Oort, Visser-Meily & van der Leij, 2010; Sieh, Visser-Meily, Oort & Meijer, 2012).

Cree (2003) collated the data from a survey completed by 61 children attending YCs projects in Scotland. Findings indicated that YCs have substantial worries, including worries about their personal health, the health and behaviour of their care recipient, in addition to worries about the future and who will look after them. These worries were discussed as 'on top' of the 'typical' worries associated with adolescence. Cree (2003) emphasised the effects of these cumulative worries on the well-being and, subsequently, the mental health of YCs as caring responsibilities persist over time. These worries about the future are a sobering reminder that a number of YCs will need to come to terms with the possibility that their family member may die as a result of their illness/disability (Fox, 2004). A high number (34%) of participating YCs reported self-harming, 36% had thought about suicide, and 12% had taken drugs or alcohol to switch off (Cree, 2003).

Using a mixed methods design, Banks, Cogan, Ridell, Deeley, Hill and Tisdall (2001) conducted research in the late 1990s seeking to identify YCs and the effects of their caring responsibilities in order to consider services to meet their needs. The second phase of their investigation consisted of administering a questionnaire containing questions related to caring as well as a global depression scale and the Rosenberg Self-Esteem Scale to 509 secondary school pupils

between the ages of 11 and 17. The data from those who identified the care recipient's disability and the care they undertook for them ( $n=31$ ) was compared with the data from participants who did not provide care for a disabled family member ( $n=383$ ). Their analysis revealed that those who identified themselves as caring for a disabled family member had significantly poorer self-esteem ( $p = 0.018$ ) and higher levels of depression ( $p=0.001$ ) than those who did not care for a family member.

Sieh et al. (2012) sought to investigate the risk factors for problem behaviour in adolescents associated with having a parent with a chronic medical condition. They used the Youth Self-Report (YSR) to measure internalising and externalising behaviour domains. They found a significantly positive relationship between providing care and internalising difficulties (depressed, anxious, withdrawn behaviour and somatic complaints).

These difficulties may underpin the findings of Frank et al.'s (1999) retrospective study, which found the prevalence of psychological disorders to be high in adults who were formerly YCs. The demands placed on YCs, particularly the emotional demands, often exceed their developmental level. This discrepancy has been posited as being responsible for the increased likelihood of YCs experiencing difficulties with self-esteem, identity and, in some cases, depression (Byng-Hall, 2008).

Findings indicate that YCs are significantly more likely to provide care of an emotional nature when the care recipient's disability is related to mental health difficulties (Dearden & Becker, 2004). Those YCs who care for a family member with mental health difficulties may therefore be at heightened risk of negative psychological outcomes.

Children living with a parent who has a mental health difficulty have been found to be at greater risk of developing psychiatric difficulties, irrespective of caring demands (e.g. Beardlee & MacMillan, 1993; Lieb, Isensee, Hofer, Pfister & Wittchen, 2002; Nomura, Wickramaratne, Warner, Mufson & Weissman, 2002; Smith, 2004). This heightened risk has been attributed to social-environmental factors (e.g. Leinonen, Solantaus & Punamaki, 2003), genetic vulnerability, the parent-child relationship, parenting, and family dynamics in general (Smith, 2004; Webster-Stratton, 1990). Walker and Lee (1998) report findings from their review of the research exploring the effects of living with a parent who has a substance misuse difficulty on children. They found that these children were at significantly greater risk of developing substance misuse problems themselves, low self-esteem and depression.



Therefore, those children and young people who care for a parent whose disability is of a mental health or substance misuse nature are already at a heightened risk of negative psychological outcomes, regardless of care responsibilities.

Overall, the studies above demonstrate that the negative psychological outcomes associated with undertaking a caring role during childhood appear to be salient with internalising difficulties.

#### *Social well-being:*

Other literature cites the difficulties YCs face in relation to their social well-being. These difficulties appear to be connected to the YCs' perceptions of themselves in relation to others (Banks et al., 2002; Cree, 2003; Thomas et al., 2003) and the practical barriers YCs face in socialising with their peers due to their caring responsibilities (Bilsborrow, 1993; Gates & Lackey, 1998; Thomas et al., 2003; Eley, 2004; Bolas et al., 2007; Earley et al., 2007; Moore & McArthur, 2007).

Researchers often cite the lack of opportunities YCs have to access activities with peers which are age-appropriate, leading to feelings of isolation and social exclusion (Aldridge & Becker, 1993b). Such social exclusion, through a lack of socialising opportunities, could lead to YCs having underdeveloped social skills, thus perpetuating difficulties with making and sustaining friendships (Crabtree & Warner, 1999). Cree (2003) found that 35% of YCs surveyed reported worries related to having no friends.

Findings from qualitative studies with YCs indicate that they feel their peers are unable to understand that they cannot socialise, leaving them feeling 'different' from their peers (Banks et al., 2002; Cree, 2003; Thomas et al., 2003). The Princess Royal Trust survey (1999) found that 28% of 240 participants noted that they did not tell their peers about their caring role for fear that they would no longer want to be their friends and/or that they would be made fun of (as cited in Banks et al., 2002). In Dearden and Becker's (2004) large-scale survey, 71% of YCs reported that they had experienced bullying. Findings using a control group design indicate that YCs are more likely than those who do not have a caring role to report that they feel that they are being bullied and made fun of (Cree, 2003; Warren, 2007). Warren (2007) notes that this can be due to YCs being seen as different by their peers, either as a result of their peers' knowledge of what they do at home and/or due to their parent's disability.

Thus, YCs often choose not to reveal their responsibilities to their peers due to fear of, and direct experience of, reactions tainted by stigma and a lack of understanding, particularly when the care recipient's disability is of a mental health nature (Aldridge & Becker, 2003). These fears and experiences have led some researchers in the field to call for tailored support for YCs focussed on social and peer relations (Alasutari & Jarvi, 2012).

#### *Education and the Future:*

The effect of being a YC on education and future job prospects is generally discussed from a negative perspective. A large part of school life is related to relationships with peers, which has been found to be negatively affected by undertaking a YC role, as discussed above.

Cree (2003) found that 61% of YCs who took part in their study conveyed problems at school. YCs have been found to have poor school attendance (Dearden & Becker, 2000; Butler & Astbury, 2005) and to have worries about school work (Bibby & Becker, 2000; Cree, 2003; Dearden & Becker, 2004). Dearden and Becker's (2004) research review pertaining to the effects of being a YC on education suggests that the difficulties outlined above may impact on YCs' educational attainment.

However, the studies cited did not employ a control group design and, thus, it is difficult to ascertain whether, and to what degree, YCs' difficulties in relation to school differ from those faced by young people who do not care for a disabled family member. In addition, it is important to bear in mind that, despite this apparently bleak picture, few studies have directly sought to explore the views of YCs in relation to their educational experiences (Moore, 2005b; Plummer, 2012).

Some have indicated that education may not be such a negative experience for YCs. Davidson (2009) undertook action research implementing the good practice guidelines for schools in addressing the needs of YCs. She draws attention to the possibility that schools could function as a 'safe haven' and/or an 'escape' for YCs. This is consistent with the finding that some YCs view school as a 'relief' as they are able to be a child (Gates & Lackey, 1998; Cree, 2003; Martin, 2006). This view of school as a safe haven could account, in part, for the low levels of role disclosure amongst secondary school pupils in a bid to separate their caring role from school staffs' perceptions of them.

#### *Positive:*

Researchers are increasingly recognising the positive effects of caring. The positive effects, as identified by carers themselves, include a heightened sense of maturity, a sense of responsibility as well as the range of life skills acquired (Lackey & Gates, 2001; Thomas et al., 2003; Rose & Cohen, 2010). Close bonds between parent and child and increased self-esteem have also been cited as positive outcomes of caring during childhood (Aldridge and Becker, 2004; Noble-Carr, 2002). Lackey and Gates (2001) found that former YCs recalled their experience of caring as empowering and defined themselves as a skilled, hopeful, resilient and strong group. This resilience is demonstrated through their willingness to care, their skills and commitment (Aldridge, 2006; Aldridge & Becker, 2003). It has been suggested that this resilience manifests through the skills and coping strategies learned through caring which can be transferred and successfully applied to future life events (Gladstone, Boydell & McKeever, 2006; Skovdal, 2009).

Consequently, there has been a call for research to focus on the factors associated with the resilience of this group (Dearden & Becker, 2004). Dearden and Becker (2004) made this call based on the evidence that not all YCs experience adverse outcomes as a result of their caring responsibilities.

Recent research has sought to investigate factors related to resilience and coping in children whose parents have an illness or disability. Gladstone et al. (2006) draw attention to the potential protective nature of undertaking caring responsibilities during childhood in the context of a family member with mental health difficulties in that it can provide structure during times of stress. Focusing on children and young people who care could be placed within a positive frame where they are seen as active participants with skills and resources, as opposed to the dominant discourse of 'risk' which is salient with young carer research (Gladstone et al., 2006).

In accordance with Gladstone et al.'s (2006) comments regarding YCs' agency and active participation, Smyth, Cass and Hill (2011) undertook research in Australia which sought to explore the notion of children and young people as active agents in care-giving. Employing a mixed methods design, they explored the agency and constraint of 68 YCs. Participants identified a number of benefits related to their caring role, including greater independence, maturity and a sense of responsibility in addition to life skills, e.g. cooking. They recognised caring as strengthening family bonds, maintaining familial privacy and the well-being of the family.

Using increasingly complex methodologies, research has begun to delineate the impact of caring during childhood in terms of psychological variables within a benefit finding framework. Research includes the development of a checklist to help YCs and researchers recognise and quantify the tasks they undertake in their role as carers in relation to both positive and negative evaluations (Joseph, Becker, Becker & Regel, 2009). Cassidy and Giles (2013) sought to investigate, using a stress-coping model, whether benefit finding and resilience could mediate the impact of caring in childhood. They administered a questionnaire battery including measures of social support, coping styles, psychological distress, resilience, caregiver burden, perceived impact of caring, and benefit finding to 442 known YCs. The relationship between variables was explored using hierarchical multiple regression analysis. They found that variance in positive health was significantly accounted for by benefit finding and resilience within the sample, with benefit finding accounting for 64% of variance. Benefit finding was related to perceived social recognition of the young carer role and receiving familial support.

### *Summary*

The aim of this section was to review the literature which has sought to explore the effects of caring responsibilities during childhood on children and young people.

There are a number of notable methodological issues surrounding research related to YCs surveyed in the above section. For example, there has been a trend within the literature surrounding YCs to use small samples. Many of these samples are made up of YCs already accessing services for YCs. Combined, these factors suggest that the findings from previous research are likely to be unrepresentative of all YCs' experiences (Gladstone et al., 2006) and may be skewed towards those presenting with difficulties and, therefore, meeting entry criteria for services in addition to those willing to disclose. In addition, it has been noted that the majority of studies investigating the effects of caring on children and young people do not employ a control group design, making it difficult to separate the concerns of YCs from the 'typical' concerns of children and adolescents (Cree, 2003; O'Dell, Crafter, de Arbreu & Cline, 2010).

The effects which have been explored in the literature were grouped, for the purposes of this review, into the categories of effects on: physical health, psychological well-being, social well-being, education and future life opportunities and positive effects. It is important to evaluate the overwhelmingly negative effects of caring on children and young people, which is evident in the literature. This positioning could be due to a lack of research seeking to explore the

positive effects of caring or, as Frank (2002) hypothesises, this picture is due to the positive effects of being a YC being outweighed by the negatives.

However, the literature reviewed indicates that researchers are moving away from the dominant discourse of risk in YC populations to resilience and are increasingly delineating the effects of caring during childhood by exploring mediating psychological variables.

In summary, these effects appear to be in a negative direction in relation to the physical well-being of YCs (Morgan, 2006) and in terms of the psychological and social well-being of YCs (Banks et al., 2002; Cree, 2003; Thomas et al., 2003; Rose & Cohen, 2010). The positive effects of caring identified by YCs appear to relate mainly to the parental context including close family bonds (Aldridge and Becker, 2004; Noble-Carr, 2002). The balance of positive versus negative effects in the education context appears to be unclear and, although not the subject of the current research, would benefit from further research.

### **Mechanisms of Effects**

As previously discussed, researchers have sought to investigate the effects of undertaking a caring role within the family during childhood. The findings detailed in the previous section include YCs' physical health, psychological well-being, social well-being and the positive effects of being a YC.

These effects appear to be related to the contexts of parent/family, peer/social and the individual context. Researchers are increasingly focussing on identifying the mechanisms by which these effects occur in order to intervene and ameliorate the negative and bolster the positive.

The following section presents research which has sought to identify the mechanisms by which YCs may be affected by their caring roles in relation to the parent/family, peer/social and individual systems.

#### *Mechanisms of effect within the parent/family system:*

One theoretical mechanism to account for the effects of providing care during childhood on YCs is that of parentification. Parentification, a concept which is systemically oriented, is the process by which children behave as parents to their parents (Chase, 1999). Within the parentification framework it is the adult-like roles undertaken by YCs that are felt to lead to negative psychological outcomes by hindering the typical trajectory of developmental

processes (Early & Cushway, 2002). The large body of literature reviewed in the previous chapter, pertaining to the negative physical, psychological and social impacts of caregiving in childhood, would support the parentification stance.

One caring responsibility which has been highlighted as associated with adults over childhood developmental maturity is that of providing emotional support (Byng-Hall, 2008). It has been found that those who provide emotional support are likely to do so even in the event of no longer needing to undertake physical caring tasks (Frank & McLarnon, 2008). Byng-Hall (2008) proposed that through the process of parentification, in relation to providing emotional support which is discrepant to the child's developmental level, YCs are at greater risk of experiencing difficulties related to their identity, self-esteem and depression.

However, parentification related to caring during childhood has also been posited as a mechanism by which benefits of caregiving can be derived. Some have concluded that in the case of parental substance abuse, parentification may serve to provide structure to a child in an otherwise chaotic life situation, and may promote adaptation and increases to children's self-esteem (Walker & Lee, 1998).

Parentification tends to dominate theoretical discourse surrounding the mechanisms underpinning the effects of caring on YCs. However, qualitative findings indicate that children who undertake care for a disabled parent do not feel that they are parenting their parents, and differentiate between their familial relationships and their caring roles (Aldridge & Becker, 2003; Thomas et al., 2003). Aldridge and Becker (2003) found in their study on children caring for a parent with a mental health difficulty that it was the parents themselves who tended to describe their children's caring in parentification terms.

In addition to parentification, the possible lack of parent availability has been proposed as a mechanism to account for the negative outcomes of caring. This effect may occur even when children are not undertaking a primary caring role. For example, they may be affected through receiving little attention due to competing commitments for the parents' time, creating a spill-over effect (Banks et al., 2002), as well as through the continued need to provide emotional support (Frank & McLarnon, 2008).

Another mechanism by which the effects of caring are proposed to affect YCs' adjustment is through parent-child relationships and the psychological theory of attachment. Aldridge and Becker (2003) propose, based on their findings, that caring during childhood may add strength to the parent-child relationship and may, in fact, ameliorate against negative external

dynamics. Ireland and Pakenham (2010a) applied attachment theory (Bowlby, 1969) to the concept of youth caregiving. They found that caregiving could be a protective factor due to its facilitation of positive, reciprocal interactions (Ireland and Pakenham, 2010b). Caregiving experiences were more positive when there was greater engagement in caregiving and a more secure child-ill parent attachment. In addition to strengthened relationships, undertaking a caring role during childhood has also been found to be associated with increased perceived maturity and confidence in their ability to care (Pakenham, Bursnall, Chiu, Cannon & Okochi, 2006; Pakenham, Chiu, Bursnall & Cannon, 2007).

As Pakenham and Ireland (2012) note, it is likely that both attachment and parentification processes exert their influences to differing degrees across the duration of caregiving with associated negative and positive adjustment outcomes.

*Mechanisms of effect within the peer/social system:*

The challenges YCs face in socialising with peers have also been posited as a mechanism by which poor adjustment may manifest. For example, a number of researchers have found YCs to report feeling isolated (Earley, Cushway & Cassidy, 2007; Sieh et al., 2012). Some have proposed that these feelings of isolation could be due to YCs missing out on socialising opportunities with peers outside of school due to their caring responsibilities (Earley, Cushway & Cassidy, 2007). Butler and Astbury (2005) report isolation, stigmatisation and social exclusion as significant issues faced by YCs. These are proposed to arise through YCs having restricted opportunities to socialise with peers as a result of their caring responsibilities (Smyth et al., 2011; Pakenham & Cox, 2012). In addition to the lack of opportunities, it has been found that YCs are hesitant to share information about their role with their peers or to invite peers to their houses for fear of exposing themselves as YCs and becoming stigmatised, therefore further preventing the opportunity of formation of friendships (Banks et al., 2002). It appears therefore that stigmatisation and prejudice in addition to reduced opportunities to socialise may be the mechanisms that contribute to YCs having difficulties within the peer/social system.

Skovdal & Andreouli (2011) conducted research with YCs in Kenya and found an association between positive social recognition of their role as YCs and resilience and positive social identity. This finding has been replicated in Australia (Pakenham et al., 2007) and the UK (Cassidy & Giles, 2013). Thus, findings indicate that positive social recognition could increase perceived benefits of caring, which in turn could moderate the effects of caring on adjustment.

### *Mechanisms of effect related to the individual:*

Mechanisms of effects related to increased resilience and decreased risk within the individual are increasingly being recognised. Individual characteristics which are felt to assert influence on the effects of caring during childhood include gender in addition to ethnicity (Frank, 1999). Gender has been found to contribute to the likelihood of a child undertaking caring responsibilities. For example, boys from larger families are less likely to take on a significant caring role than are girls from single parent families living in poverty (Rose & Cohen, 2010).

An individual's appraisal of their situation has been found to influence the degree to which their caring responsibilities are asserted. The amount of choice a YC perceives they have in undertaking a caring role has been found to influence the adjustment of YCs. For instance, lower life satisfaction, lower positive affect, and increased caregiving distress have been found to be related to less perceived choice in undertaking care responsibilities (Pakenham et al., 2006).

Early et al. (2006) explored the mechanism of the effect on adolescent YCs' psychological adjustment through the cognitive perspective of a stress-coping model (Lazarus & Folkman, 1984). They found higher levels of perceived stress to be related to greater psychological distress. They also included items related to benefit finding due to a number of YCs identifying such positives from their caring roles. Appraisals related to stress and coping may therefore serve to protect YCs' self-concept (Rose & Cohen, 2010).

Another mechanism identified in relation to the individual is identity. Rose and Cohen (2010) conducted a meta-synthesis of the qualitative literature seeking to explore the themes emerging from qualitative studies of YCs' experiences. They identified the concept of 'integrating caring into an emerging identity' as a mechanism to account for the themes identified by YCs. Earley et al.'s (2006) analysis of their participants' responses indicated that, as a way of safeguarding their 'caring' identity, YCs appeared to 'immerse' themselves in their role as a carer. Identifying with the YC role has been proposed to account for YCs often seeking to offer 'perfect care' to their care recipient in a bid to increase their feelings of competence and sense of self-esteem (Thomas et al., 2003). The concept of 'integrating caring into an emerging identity' may reflect the way in which YCs adapt to caring and seek to preserve their hard-earned 'caring' identity in response to, as well as to cope with, the demands and dilemmas of care-giving influenced by societal demands and attitudes (Rose & Cohen, 2010).

### *Summary*



The complex interactions between caring during childhood, the effects of being a YC, and the mechanisms underpinning these effects likely reflect the complexity of families themselves. Research is growing in complexity to reflect this, moving from the descriptive to the mechanistic. However, there continue to be under-researched areas within the literature which will need to be addressed in order to extend knowledge and understanding regarding the psychological constructs, across systems, which relate to risk and resilience in this population.

### **Research Focus**

#### *Areas identified for further research:*

Earley and Cushway (2002) drew attention to the limited amount of research on the effects of caring from a psychological perspective. Since this time a number of studies have begun to explore the effects of caring on stress and coping (Early et al., 2006), and on clinical outcomes including depressive symptoms and anxiety (Sieh et al., 2012; Banks et al., 2002; Frank et al., 1999; Cassidy & Giles, 2013). One psychological construct that does appear throughout the literature on YCs is that of self-esteem.

Self-esteem has been referenced in a positive direction in relation to close bonds between parent and child, early maturity and increased self-esteem (Aldridge & Becker, 2004; Noble-Carr, 2002). In the case of parental substance abuse, parentification may serve to provide structure for a child in an otherwise chaotic life situation and may promote adaptation and increase children's self-esteem (Walker & Lee, 1998). Through identification with the 'carer' role, it is leading to YCs seeking to offer 'perfect care' to their care recipient in a bid to increase their feelings of competence and sense of self-esteem (Thomas et al., 2003).

Self-esteem has been posited as negatively affected in relation to parentification. Providing emotional support, which is discrepant to the child's developmental level, it is proposed, increases the risk of YCs experiencing difficulties related to their identity, self-esteem and depression (Byng-Hall, 2008). From a school survey those who undertook a caring role had lower self-esteem and were significantly more depressed than non-carers (Banks et al., 2001).

However, an inspection of the literature reveals that only one study has actually measured the self-esteem of YCs (Banks et al., 2001). Banks et al. (2001) administered a questionnaire containing questions about caring as well as a global depression scale and the Rosenberg Self-Esteem Scale to 509 secondary school pupils between the ages of 11 and 17. The data from

those who identified the care recipient's disability and indicated the care they undertook for them ( $n=31$ ) was compared with the data from participants who did not provide care for a disabled family member ( $n=383$ ). Analysis revealed that those who identified themselves as caring for a disabled family member had significantly poorer self-esteem than those who did not care for a family member.

It would appear that YCs may experience low global self-esteem. Investigating this relationship in relation to the parent/family and peer/social systems may serve to delineate this association, as self-esteem has been referenced in both a positive and negative direction in relation to them. Such exploration may contribute to understanding regarding the areas and ways in which YCs are psychologically resilient and/or are at risk. The literature is indicative of distinctions between the roles YCs undertake according to their care recipients' disability. The different roles undertaken and the differing levels of social identification with and stigma regarding the different categories of care recipient disability may place YCs at differing levels of risk accordingly. Therefore, it may prove useful to consider the self-esteem of YCs according to the nature of their care recipients' disability.

Prior to discussing the present research further, it is first necessary to undertake a brief review of the literature relating to the psychological construct of self-esteem and its relevance to adjustment outcomes during adolescence.

#### *Self-Esteem:*

Self-esteem is a psychological construct which is widely considered a household name (Baumeister, Campbell, Krueger & Vohs, 2003). The large and varied body of literature exploring self-esteem is evidence of its high profile within both academia and practice (Crocker & Park, 2004). It can be broadly defined as a collection of beliefs and attitudes held by an individual about the self (Coopersmith, 1967). Self-esteem is referred to as the discrepancy between a person's ideal self and their current self-image (Butler & Astbury, 2005). Borne out of interactions with situations and social experiences, it is believed to be related to one's beliefs about social relationships, abilities, skills and future outcomes (Coopersmith, 1967; Lindsay, Dockrell & Palikaras, 2010). It is also seen as an individual's inner depiction of the degree of positive regard and social acceptance or rejection they feel from others (Maslow, 1970; Leary & Downs, 1995).

#### *Self-Esteem and Adjustment Outcomes:*

Self-esteem during childhood and adolescence has long been associated with adjustment outcomes. Though these associations have been hotly debated (Baumeister et al., 2003), research in the last decade has employed greater methodological rigour to reassert self-esteem as an important factor in relation to significant developmental, social and psychological outcomes (Donnellan, Trezeniewski, Robins et al., 2005; Orth, Robins, Trzeniewski et al., 2009; Trezeniewski, Donnellan, Moffit et al., 2006).

Baumeister et al. (2003) concluded from their review of the self-esteem literature that those with high self-esteem appear to be better able to overcome failure or stress than those with low self-esteem. Those with higher self-esteem are described as appearing primed for feeling good and are therefore less depressed and happier; those with low self-esteem are described as being without this primer and are therefore more vulnerable to the adverse outcomes of stressful life circumstances. Orth et al. (2009) echo these trends in relation to coping, arguing that high levels of self-esteem appear to be associated with greater coping, which appears to have a buffering function in protecting from stressful life circumstances; conversely, those with low self-esteem are thus at greater risk. Arguably, YCs are exposed to a higher incidence of stressful life circumstances.

In light of the critique that the self-esteem literature had received, Trzeniewski et al. (2006) employed a rigorous longitudinal birth cohort research design to prospectively measure the effects of low self-esteem during adolescence on adjustment outcomes in adulthood. They controlled for extraneous variables which could rival prediction, including gender, adolescent depression, socioeconomic status, childhood body mass index (BMI) and cognition (IQ). Respondents included the adolescents themselves in addition to an informant who knew them well. Health examinations and court records were reviewed to avoid the bias of self-report measures. They found that low self-esteem significantly predicted financial and employment difficulties, school dropout, convictions for criminality, anxiety disorder and major depressive disorder. In addition to the effects noted above, Trzeniewski et al. (2006) found a cumulative negative relationship between self-esteem and collapsed outcome variables. When self-esteem was considered in terms of global outcomes, adolescents with low self-esteem were at greater risk of difficulties in adulthood. Though the methodology employed was correlational, the variables controlled for help to assert self-esteem as a causal factor (Swann, Chang-Schneider & Larsen-McClarty, 2007). Findings indicate, therefore, that self-esteem is a psychological factor which should be assessed and addressed during adolescence for preventative benefits.

In relation to education, self-esteem has been cited regularly as a predictor of academic performance (Bandura, 1989; Chamorro-Prenuzic & Furnham, 2003a; Hair & Graziano, 2003). The directionality of this relationship has been contested as some researchers have found that it is poor academic performance which leads to low self-esteem, as opposed to low self-esteem leading to poor academic performance (Baumeister et al., 2003). However, Di Guinta, Alessandri, Gerbino et al. (2013) used a longitudinal, multiple cohort design to investigate the relationship between self-esteem, personality traits, academic self-efficacy and academic achievement during adolescence. They concluded that high school grades were influenced by students' perceptions of their self-efficacy, which were in turn influenced by self-esteem in addition to personality traits. The authors call for those working in the education sector to take note and focus efforts on getting to know these areas of their pupils' personalities as a way of influencing their beliefs of self-efficacy in overcoming academic challenges. Self-esteem interventions provide an ideal avenue for intervening to improve self-efficacy beliefs and, ultimately, outcomes for pupils as self-esteem is arguably more malleable than personality traits (Di Guinta et al., 2013).

Some authors have emphasised the importance of investigating the development and possible buffering effect of self-esteem during adolescence (Lindsay et al., 2010). Adolescence is a time of significant changes in physical, cognitive and emotional development and can thus be a time of new challenges as well as opportunities (Larson et al., 2002). It is also a period of psychological malleability related to the development of the self (Byrne, Davenport & Mazanov, 2007). Moksnes, Moljord, Espnes and Byrne (2010) note that self-esteem is a significant component of adolescent self-understanding and that it is likely to be malleable to both internal and external contexts during this time. Moksnes et al.'s (2010) findings led them to conclude from their research investigating the relationship between negative emotional states and stress during adolescence that adolescents' psychological health, in the face of stressful events, can be buffered by self-esteem.

#### *Measures of Self-Esteem:*

Measures of self-esteem include self-ideal discrepancy measures (Butler & Gasson, 2005), peer ratings (Demo, 1985), measures using pictures for young children (Harter & Pike, 1989) and experience sampling measures (Savin-Williams & Jaquish, 1981). However, by far the most popular means of assessing self-esteem is by using self-report scales (Robins, Hendin & Trzeniewski, 2001).

Within self-report scales of self-esteem there is a distinction between those which measure uni-dimensional (global self-esteem) as opposed to multi-dimensional self-esteem (self-esteem in relation to different contexts, e.g. academic achievement, peer relations, etc.). Empirical evidence provided by March (2005) suggests that self-esteem is a multi-dimensional construct which has led researchers to argue that self-esteem measures should be multi-dimensional (Lindsay et al., 2010).

The School Form Self-Esteem Inventory (Coopersmith, 1967) is a self-report multi-dimensional measure of self-esteem. The School Form allows for differentiation between the primary sources of self-esteem, including self-esteem as derived from peers, parents, related to school and the self. The dimensions of self-esteem identified by the School Form were felt to correspond to the areas of interest in the present study, namely self-esteem derived from parents and from peers respectively. In addition a review of the literature revealed that the School Form has been utilised by EPs as a valid and reliable measure of self-esteem in previous research (e.g. Rees & Rees, 2001; Rees & Bailey, 2003).

During participant recruitment the Local Authority's (LA's) YCs working group were approached in relation to the research. The working group agreed that a self-esteem measure could be added to their general scoping questionnaire for a given number of secondary schools within the LA. However, they expressed concerns that the longer School Form Self-Esteem Inventory (Coopersmith, 1967) would impact on participant numbers. The researcher therefore made a decision to employ the School Short Form Self-Esteem Inventory (SSF SEI; Coopersmith, 1967). The School Short Form of the Self-Esteem Inventory (SSF SEI; Coopersmith, 1967) was developed as a shorter alternative to the lengthier School Form. The 25 items with the highest item-total score correlations were chosen to make up the School Short Form SEI (Coopersmith, 1967). Previously, it had been believed that the School Short Form's sole utility was as a global measure of self-esteem. More recently, Hill et al. (2011) reviewed the literature pertaining to the SSF SEI (Coopersmith, 1967) and found that the internal factor structure of the Short Form had not been explored. They aimed to explore whether the internal structure of the short form would yield factors which might expand the utility of the short form to measuring more than global self-esteem. Their analysis revealed three clear factors and a number of items with little utility, thus providing a revised and improved version of the short form. The three factors found related to personal self-esteem as well as self-esteem derived from peers and parents separately. Therefore, this analysis

expanded the potential utility of the School Short Form as a short measure of multi-dimensional self-esteem and thus as a measure suitable for the current study.

Self-esteem is arguably an important psychological construct for development with far-reaching implications for adjustment. Exploring YCs' self-esteem in relation to the parent/family and peer/social systems and the nature of their care recipients' disability may provide an insight into their beliefs about their social relationships, abilities, skills and future outcomes in these areas as a consequence of their experiences (Coopersmith, 1967; Lindsay et al., 2010).

### **Relevance to Educational Psychology**

YCs have been identified as a vulnerable group within education (Aldridge & Becker, 2003). Educational psychologists (EPs) are said to be well placed to support schools in supporting vulnerable populations through their holistic consideration of children and their knowledge of psychological theory and child development (Fallon, Woods & Rooney, 2010).

EPs undoubtedly have contact with children who undertake a caring role given YCs' prevalence. However, a literature review revealed no articles relating to YCs from the perspective of educational psychology within core professional journals (Plummer, 2012) and limited evidence of research investigating the psychological impact of being a young carer (Moore, 2005b; O'Dell et al., 2010). However, since this time there has been one publication which has sought to investigate the views of YCs, which has made explicit reference to the role of the EP (Doutre et al., 2013).

Research has emphasised the role that schools can play in identifying YCs and ensuring that they are supported to achieve both academically and socially (Warren, 2007). By working with schools at an organisational level, EPs have the scope to influence schools' ability to identify and address the needs of YCs. EPs may also be well placed to provide a role in raising awareness of YCs within schools, which has been found to be limited. For example, Thomas et al. (2001) report that, but for one, the schools approached to take part in their research felt that they did not have pupils who were YCs. EPs are well placed to discuss possible indicators of caring and the possible effects of caring on children.

EPs' holistic perspective and awareness of effective multi-agency working place them in a position to advocate the needs of YCs, which spans many services including education, voluntary organisations, social care services, and adult and child health services (Doutre et al.,

2013). EPs' systemic thinking allows them to consider the impact of interactions involving YCs in one setting on interactions in another (Bronfenbrenner, 1979; Fox, 2009).

This research is intended to explore the effects of caring on self-esteem, a psychological construct firmly rooted in psychological theory and practice, with specific reference to the individual's evaluations of the self in specific sub-systems from an ecological systems perspective of child development (Bronfenbrenner, 1979). Self-esteem is a psychological construct often identified and approached for intervention within schools. The current drive to increase pupils' well-being and inclusion may facilitate support for this population of vulnerable young people without needing to explicitly identify them in terms of the care that they provide at home (Banks et al., 2002).

### *Summary*

This systematic review of the literature sought to evaluate current knowledge in regards to both the positive and negative effects of being a YC. It investigated key theories, research and related policy and practice associated with YCs' psychological and physical well-being.

One of the most important outcomes of the review is the finding that YCs are evidently not a homogeneous collection of children; their individual characteristics are varied as are the roles they undertake and the needs of their care recipient (Dearden & Becker, 2003). This consequently highlights the need for support services to target support for YCs based on their individual needs. This fits well with EPs who view children holistically, thus taking into consideration a multitude of factors in empowering schools to conduct tailored intervention.

Research relating to YCs is moving from its historically descriptive stance to exploring the effects of caring on children's physical, psychological and social well-being with increased recognition that not all YCs are adversely affected by their role (Thomas et al., 2001; Cassidy et al., 2013).

The call for research on the psychological effects of being a young carer was also considered in this review along with the recurring identification of self-esteem as a relevant psychological construct. In particular, this review focussed on these psychological effects within the contexts of the parent/family, the peer/social and the individual.

The research also suggested that YCs are not a homogenous group and that they may differ according to the nature of their care recipients' disability in the care tasks they undertake, the effects of caring and the mechanisms through which these effects take hold.

It therefore appears that self-esteem would prove a useful psychological construct to explore multi-dimensionally in relation to the parent/family and peers/social contexts and according to the nature of the YCs' care recipients' disability.

### **Research Aims**

The current research aims to delineate the association between YCs and self-esteem by exploring, using a multi-dimensional measure, whether YCs experience lower self-esteem than NYCs in relation to the distinct but interrelated parent/family and peer/social systems.

In addition, this study aims to explore whether YCs' self-esteem in relation to the parent/family and peer/social systems differs according to the nature of their care recipients' disability.

In order to address these goals, it will also be necessary to explore the internal structure of the self-esteem measure employed.



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## **Part B: Research Paper**

***(5,981 words excluding headings, tables, figures and references)***

### **An Exploration of the Self-Esteem of Young Carers in Relation to Parents and Peers**

#### ***Abstract***

This study aimed to explore the differences between young carers' (YCs) and non-young carers' (NYCs) self-esteem in relation to the parent and peer systems. It also sought to compare differences in self-esteem according to the nature of the YCs' care recipients' disability. Participants were drawn from four secondary schools within one local authority and consisted of 1,287 children (aged 11–14) of whom 104 were identified as YCs. Analysis of questionnaire data revealed significantly poorer self-esteem in YCs than in NYCs in relation to both the parent and peer systems. In addition, YCs whose care recipients' disability was identified as being of a mental health or substance misuse nature had significantly poorer self-esteem in relation to the parent system than those whose care recipients' disability was identified as being of a physical disability or illness in nature. Possible theoretical underpinnings and practical applications are discussed from an applied psychology perspective.

#### ***Introduction***

EPs support schools to identify and accommodate the needs of vulnerable pupils by applying psychological theory and research (Fallon, Woods & Rooney, 2010). Their consideration of children from a systemic perspective also allows EPs to reflect upon and emphasise the bidirectional implications of developments in one system on evaluations and developments in another (Bronfenbrenner, 1979; Fox, 2009).

One population of children which has been identified as vulnerable within schools concerns those who undertake care for a family member with a disability, collectively referred to as young carers (YCs) (Aldridge & Becker, 2003).

#### ***Prevalence and characteristics:***

The prevalence of children undertaking a caring role within the family is unclear, though sizeable and likely to increase given the current political and economic climate (Doutre, Green

& Knight-Elliott, 2013; ONS, 2011). Estimates vary from the 2011 census figure of 177,918 to 700,000 (Becker, 2010), equating to approximately 3–8% of children and young people.

It is likely that different figures reflect, amongst other factors, a reluctance to disclose for fear of outside agency involvement (Frank, Tatum & Tucker, 1999). It is also possible that social stigma, acceptance and visibility of different disabilities affect the degree with which an individual is likely to be identified as a YC. For example, YCs who care for a family member with a physical disability are more likely to be identified as YCs than those whose care recipients' disability is of a more hidden nature (e.g. mental health difficulties) (Aldridge & Becker, 2003). This is significant as research has revealed that positive social recognition can increase the perceived benefits of caring, which in turn could moderate the negative effects of caring on adjustment. For example, Skovdal & Andreouli (2011) conducted research with YCs in Kenya and found an association between positive social recognition of their role as YCs with resilience and positive social identity. This finding has been replicated in Australia (Pakenham, Chiu, Bursnall & Cannon, 2007) and the UK (Cassidy & Giles, 2013).

Gender, socio-economic status and family composition have been found to contribute to the likelihood of a child undertaking caring responsibilities. Boys from larger families are less likely to take on a significant caring role than are girls from single parent families living in poverty (Rose & Cohen, 2010).

#### *Defining Young Carers:*

Some researchers have sought to define YCs according to the tasks they undertake (Ireland & Pakenham, 2010), the degree to which these responsibilities differ from those undertaken by children who do not care for a relative with a disability (Warren, 2007), and according to whom they care for (Dearden & Becker, 2004).

The NHS Choices website defines a YC as *“someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition or a drug and alcohol problem”*.

Notably, a number of definitions appear to be moving away from what a YC does and for whom, instead focussing on the ways in which YCs are affected by their caring responsibilities, looking in particular at the impact and/or restrictions on the young person (Newman, 2002; Thomas, Stanton, Doubtfire & Webb, 2001; Seddon, Jones, Hill & Robinson, 2001).

#### *Mechanisms of effects:*

Since attention was drawn to the limited amount of research on the effects of caring on YCs' psychological well-being (Earley & Cushway, 2002), findings have been mounting. The mechanisms which are proposed to underpin these effects can be grouped according to their origins and manifestations within the distinct but interrelated systemic contexts of the individual (Frank et al., 1999; Cree, 2003; Sieh, Visser-Meily, Oort & Meijer, 2012), the parent/family (Smyth, Cass & Hill, 2011; Aldridge & Becker, 2004; Noble-Carr, 2002) and the peers/social (Cree, 2003; Thomas et al., 2003; Rose & Cohen, 2010).

Within the parent system 'parentification', the systemic process by which children behave as parents to their parents (Chase, 1999) has been posited as hindering the typical trajectory of developmental processes (Early & Cushway, 2002). Byng-Hall (2008) proposed that providing emotional support which is discrepant to the child's developmental level places YCs at greater risk of experiencing difficulties related to their identity, self-esteem and depression. Levels of emotional support provided by YCs have been found to be higher when the care recipients' disability is of a mental health nature (Dearden & Becker, 2004). YCs who care for a family member with mental health difficulties may therefore be at heightened risk of negative psychological outcomes. A lack of parent availability has also been proposed as a mechanism that accounts for effects on YCs derived from the parent system. In contrast, based on their positive findings, Aldridge and Becker (2003) propose that caring during childhood may add strength to the parent-child relationship and may, in fact, ameliorate against negative external dynamics. Ireland and Pakenham (2010a) applied attachment theory (Bowlby, 1969) to the concept of youth caregiving and also found that caregiving could be a protective factor in its facilitation of positive, reciprocal interactions, particularly in association with providing intimate care (Ireland & Pakenham, 2010b).

In relation to the peer system, YCs report feeling isolated (Earley, Cushway & Cassidy, 2007; Sieh et al., 2012). Stigmatisation and social exclusion are reported to be significant issues faced by YCs (Butler & Astbury, 2005). These effects are thought to result from YCs having restricted opportunities to socialise with peers due to their caring responsibilities (Dearden & Becker, 1998, 2004; Smyth, Cass & Hill, 2011; Pakenham & Cox, 2012). YCs also report being hesitant to share information about their role with their peers and to invite peers to their houses for fear of exposing themselves as YCs and becoming stigmatised (Banks et al., 2002; Thomas et al., 2003). Effects on YCs derived from the peer system may therefore be the result of barriers which limit the development of peer relationships and concerns regarding stigmatisation which leads to social exclusion (Gray, Robinson & Seddon, 2008).

In relation to the individual, lower life satisfaction, lower positive affect, and increased caregiving distress have been found to be related to less perceived choice in undertaking care responsibilities (Pakenham et al., 2006). Early, Cushaway and Cassidy (2007) employed a stress-coping model (Lazarus & Folkman, 1984) and found higher levels of perceived stress to be related to greater psychological distress. Appraisals related to stress and coping may therefore serve to protect YCs' self-concept (Rose & Cohen, 2010).

#### *Young Carers and Self-Esteem:*

One psychological construct related to the individual is self-esteem, which is cited within the literature in both a positive and negative direction in relation to both the parent and peers systems. Self-esteem can be broadly defined as a collection of beliefs and attitudes held by an individual about the self (Coopersmith, 1967). Resulting from interactions with situations and social experiences, it is believed to be related to one's beliefs about their social relationships, abilities, skills and future outcomes (Coopersmith, 1967; Lindsay, Dockrell & Palikaras, 2010). It is also seen as an individual's inner depiction of the degree of positive regard and social acceptance or rejection they feel from others (Maslow, 1968; Leary & Downs, 1995). Self-esteem is most often measured through a self-report either globally (Rosenberg, 1965) or multidimensionally allowing for measurement in relation to different contexts (Coopersmith, 1967).

There is evidence that low self-esteem places children at risk of developing social and psychological difficulties (Hosogi, Okada, Fujii, Noguchi & Watanabe, 2012). Trzesniewski, Donellan, Moffit et al. (2006) found that low self-esteem significantly predicted financial and employment difficulties, school dropout, convictions for criminality, anxiety disorder and major depressive disorder. Others cite high self-esteem as a protective factor in resilience (Rutter, 1985), hence the importance placed by EPs on developing and implementing programmes that foster self-esteem, such as the Emotional Literacy Support Assistant (ELSA) training programme (Burton & Shotten, 2009).

Within the YCs literature, self-esteem has been referenced in a positive direction in relation to close bonds between parent and child and early maturity (Aldridge & Becker, 2004; Noble-Carr, 2002). In the case of parental substance abuse, parentification may serve to provide structure for a child in an otherwise chaotic life situation and may promote adaptation and increase children's self-esteem (Walker & Lee, 1998). Through identification with the 'carer'

role, YCs may seek to offer 'perfect care' to their care recipient in a bid to increase their feelings of competence and self-esteem (Thomas et al., 2003).

Self-esteem has also been referenced in a negative direction in relation to parentification in that providing emotional support which is discrepant to the child's developmental level increases the risk of YCs experiencing difficulties related to their identity, self-esteem and depression (Byng-Hall, 2008).

However, despite being referenced by the literature in relation to both positive and negative effects with some regularity, just one study has measured the self-esteem of YCs: Banks, Cogan, Deeley et al. (2001) administered a questionnaire containing questions pertaining to caring as well as a global depression scale and the Rosenberg Self-Esteem Scale to 509 secondary school pupils between the ages of 11 and 17. The data from those who identified the care recipient's disability and indicated the care they undertook for them ( $n=31$ ) was compared with the data from participants who did not provide care for a disabled family member ( $n=383$ ). Their analysis revealed that those who identified themselves as caring for a disabled family member not only had significantly poorer self-esteem but also were significantly more depressed than those who did not care for a family member.

#### *Research aims and hypotheses:*

The current research aims to delineate the association between YCs and self-esteem by exploring, using a multi-dimensional measure, whether YCs experience lower self-esteem than NYCs in relation to the distinct but interrelated parent and peer systems.

In addition, this study aims to explore whether YCs' self-esteem in relation to the parent and peer systems differs according to the nature of their care recipients' disability.

In order to address these goals, it will also be necessary to explore the internal structure of the self-esteem measure employed.

It is hypothesised that the self-esteem of YCs will be significantly different from that of NYCs in relation to both the parent and peer systems. It is also hypothesised that YCs' self-esteem will differ significantly in relation to the parent and the peer systems according to the nature of their care recipient's disability.

## **Method**

### *Sample and Recruitment Procedure:*

The opt-out consent and information letter (Appendix A) was sent alongside the local authority's to the parent/guardians of all Key Stage Three (KS3; 11–14-year-olds) pupils in four of the local authority's (LA) secondary schools. Children whose parent/guardians had not opted out were invited to complete the online survey.

### *Procedure:*

The LA Children and Young People's Partnership and Learning Skills Directorate compiled a YCs working group. The working group commissioned a charitable organisation to conduct a scoping exercise to identify the number of YCs within the LA. The working group agreed that a self-esteem measure could be added to the questionnaire for a number of secondary schools. Members of the working group formed the research team who were responsible for implementing the data collection phase of the scoping exercise. The self-esteem measure data was collected alongside the scoping exercise data, it was stored and analysed by the doctoral researcher independently of the data collected by the research team.

The researcher sought ethical approval from Cardiff University which was granted in January 2013. Following which, the questionnaire, with the addition of the self-esteem measure, was finalised on an online survey tool, Survey Monkey.

The schools were approached with a supporting letter from the Young People's Partnership Director. The schools demonstrating a willingness to participate were engaged in further discussion regarding what participation would entail during a meeting with the research team and the researcher. Four schools agreed to participate.

Two weeks were allowed between the dispatching of the opt-out consent letter to the parent/guardians and data collection for responses to be received. During data collection, classes were scheduled to attend the school's Information Technology (IT) suite, where the researcher introduced the research and provided the definition of a YC used by the charitable organisation: Young Carers are defined as children and young people who are under the age of 18 who have caring responsibilities for someone who has a physical or mental illness, a physical or learning disability, or drug or alcohol problem. The person they look after may be a parent, a brother or sister, a grandparent or other relative. They may provide practical or



physical care, help with personal care, and help with domestic tasks and/or emotional support. Children were informed of their right to withdraw from participation at any time both verbally and in writing. A member of the research team and the researcher were on hand to offer assistance and answer questions. Researcher details were provided at the end of the survey as part of the debriefing information.

#### *Materials:*

Part One was designed and piloted by the working group and incorporated questions related to participant demographics, their caring responsibilities and their education experiences. The questionnaire used a mixture of fixed-alternative choice, multiple-choice and open-ended questions (Appendix B).

Part Two of the questionnaire comprised the School Short Form Self-Esteem Inventory (SSF SEI; Coopersmith, 1967). The SSF SEI is a 25-item measure which asks children to rate whether a favourable or unfavourable statement is 'like me' or 'unlike me' (Appendix C). Each item is scored as 1 if the child responds to a negative item as 'unlike me' and to a positive item as 'like me'. A score of 0 is given if a positive item is answered 'unlike me' and 'like me' for negative items. The SSF SEI was developed for use when administration of the longer 50-item School Form (SF SEI; Coopersmith, 1967) was not feasible by selecting the 25 highest loading items from the 50-item SF SEI. The 50-item SF SEI comprises four subscales which measure children's attitudes towards their general self, their social self-peers, their parents and school. The correlation for the total score between the School Form and School Short Form is .86 (Coopersmith, 1967). The SSF SEI was favoured by the working group over the longer SF SEI.

The SSF SEI has historically been used only as a measure of general self-esteem; however, recent investigations related to the internal structure suggest that it too may be used to assess and distinguish between children's self-esteem in different contexts (Hill, Francis & Jennings, 2011). Hill et al. (2011) report results from a study where a UK sample of adolescents was administered the SSF SEI. The data was subjected to a factor analysis which identified three factors with good construct validity and good internal reliability; the factors identified were personal self-esteem (Cronbach  $\alpha$  .74), self-esteem derived from parents (Cronbach  $\alpha$  .74), and self-esteem derived from peers (Cronbach  $\alpha$  .63), therefore expanding the potential utility of the SSF SEI as a measure for multi-dimensional self-esteem.

### *Analysis Strategy:*

Data were downloaded from Survey Monkey to IBM SPSS for analysis. During data screening, participants were identified as members of the Young Carers Group (YCs Group) or Non-Young Carers Group (NYCs Group) according to whether they indicated both their care recipients' disability as well as the care responsibilities they undertook.

Descriptive statistics were employed to explore the socio-demographic characteristics of the sample. Pearson's chi-square analysis was used to investigate if the YCs group differed significantly from the NYCs group in relation to socio-demographic characteristics.

Significant differences were found between the YCs group and the NYCs group in relation to ethnicity, disclosed disability and family composition. The decision was made, in line with Miller and Chapman (2001), to control only for ethnicity and disclosed disability, and not family composition. This was to avoid creating artificial bias by 'uncharacterising' the groups, i.e. children are more likely to become YCs in single parent families (Rose & Cohen, 2010).

The internal structure of the SSF SEI was investigated using principal component analysis (PCA). Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. The Kaiser-Meyer-Olkin value was .912, exceeding the recommended value of .6 (Kaiser, 1974), and Bartlett's Test of Sphericity (Bartlett, 1954) reached significance, supporting the existence of multiple factors within the data correlation matrix.

PCA revealed the presence of six components with eigenvalues >1, explaining 50.956% of the total variance. Inspection of the scree plot using Catell's (1966) scree test suggested a lack of clarity as to whether a three- or four-component model should be retained for further analysis (Appendix D).

To aid the interpretation of these variables, both a three-component extraction (Appendix E) and a four-component extraction (Appendix F) were subjected to the oblique rotation of Direct Oblimin. The resulting rotated solutions indicated that a four-component structure best suited the data due to a higher number of loadings above .3, clearer conceptual scales with similarly themed statements loading accordingly, and a higher proportion of variance accounted for by the four-component (42.7%) over the three-component (37.9%) extraction.

The internal reliability of the identified components was assessed using the Cronbach alpha coefficient.

Subscale scores for the components identified were calculated by summing scores. Missing data was managed by linearly transforming results so that they would vary within the same total range of the scale when all items were filled.

A between-groups multivariate analysis of covariance (MANCOVA) was conducted to compare the self-esteem of the YCs group and the NYCs group. The independent variable was whether the participant undertook care for a disabled family member, and the dependent variables were self-esteem scores in relation to the four subscales identified. Participant ethnicity and disclosed disability were used as covariates in the analysis. Levene's Test of Equality of Error Variances was violated (sig. <.05) for three of the four subscales. Therefore, a more conservative alpha level of .025, rather than .05, was set for determining significance for these variables in the univariate F-test in accordance with Tabachnick and Fidell's (1996) suggestion.

The YCs group was further divided into groups according to their care recipients' disability. Pearson's chi-square analysis was used to investigate between-group differences in relation to socio-demographic characteristics.

A between-groups multivariate analysis of variance (MANOVA) was conducted to investigate differences in YCs' self-esteem in relation to affect, the parent context and the peers context according to their care recipients' disability. Preliminary assumption testing indicated no serious violations.

## **Results**

### *Sample*

A total of 57 participants were excluded due to incomplete data (<50%) on the self-esteem measure. One response was received to the opt-out consent parent/guardian letter and the child did not participate. The final sample consisted of 1287 children, of which 104 were identified as YCs (8.08%) from across four secondary schools. Further participant socio-demographic characteristics are shown in Table 1.

Chi-square analysis revealed that there were no significant differences between the YCs group and NYCs group in terms of gender ( $\chi^2 (1,1287) = .812, p>.05$ ) or age ( $\chi^2 (2,1287) = .389, p>.05$ ).

The groups differed significantly according to participant ethnicity ( $\chi^2 (13,1287) = 23.460$ ,  $p < .05$ ). Both groups were majority white British, though there was greater ethnic diversity in the NYCs group.

Table 1

*Participant Socio-Demographic Characteristics*

Demographics	Group				Total
	YCs Group		NYCs Group		
	N	%	N	%	N
Gender					
Male	33	31.7	434	36.7	467
Female	71	68.3	749	63.3	820
Ethnicity					
White British	95	91.3	1097	92.7	1192
Irish	1	1	6	.05	7
Other White	0	0	15	1.3	15
Mixed White/Caribbean	1	1	4	.03	5
Mixed White/African	2	1.9	2	.02	4
Mixed White/Asian	0	0	11	.09	11
Mixed Other	0	0	8	.07	8
Indian	1	1	5	.04	6
Bangladeshi	2	1.9	5	.04	7
Other Asian	0	0	5	.04	5
Black African	1	1	4	.04	5
Black Caribbean	1	1	2	.02	3
Chinese	0	0	2	.02	2
Other	0	0	12	.01	12
Age/Year Group					
11–12 (Y7)	25	24	308	26	333
12–13 (Y8)	37	35.6	432	36.5	469
13–14 (Y9)	42	40.4	443	37.4	485
Family composition					
Two Parent	62	59.6	849	71.8	911
Single Parent	40	38.5	317	26.8	357

Chi-square analysis of between-group differences in family composition showed that one cell had an expected count less than 5, so an exact significance test was selected for Pearson's chi-square. There was a significant difference between groups in relation to family composition ( $\chi^2$

(3,1287) = 6.84,  $p < .05$ ). Children in the YCs group were more likely to be from a single parent family (38.5%) than children in the NYCs group (26.8%).

*Duration of caring role:*

Within the YCs group ( $n=104$ ), 32.7% indicated that they had been caring for longer than five years, 24% for 3–4 years, 26% for 1–2 years, 12.5% <1 year, and 4.8% did not disclose the duration of their role.

*Number of participants in the YCs group who identified themselves as having a disability:*

There was a significant difference between the YCs group and NYCs group in the number of participants who identified themselves as having a disability ( $\chi^2 (1,1287) = 25.466, < .05$ ). Of the YCs group, 37.5% reported having a disability (including sight, hearing, mobility or learning). Of the NYCs group, 16.9% reported that they had a disability.

*Caring and school life:*

Figure 1 depicts the number of times participants from the YCs group identified that their school lives were affected by their caring role. The most frequently reported effects on their school lives were 'feeling tired' (35.6%) and 'worrying about their family member' (37.5%).

A minority (15.4%) of the YCs group participants reported that school staff were aware of their caring role. The majority (75%) reported that school staff did not know of their role, of which 43.4% noted that they did not want them to know.

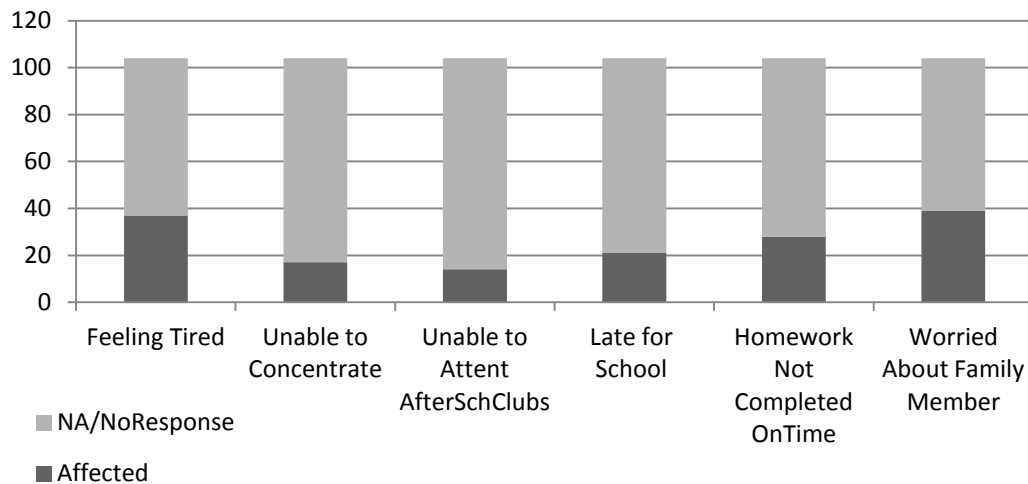


Figure 1

*Effects on school life identified by participants in YCs group*

*Exploring the internal structure of the self-esteem measure:*

The four-factor solution explained a total of 42.7% of the variance, with Component 1 contributing 24.964%, Component 2 contributing 7.186%, Component 3 contributing 5.774%, and Component 4 contributing 4.776%.

The homogeneity between the content of the items and the loadings scores suggested good reliability. Through analysis of the item content, the components were labelled as follows: Component 1 (.74) comprises items related to emotional evaluations of the self in relation to emotional regulation and, thus, was named SE\_Affect. Component 2 (.70) comprises items related to parents and family and, thus, was named SE\_Parents. Component 3 (.61) comprises items related to peers and the social context and, thus, was named SE\_Peers. Component 4 (.78) comprises items related to personal attributes and, thus, was named SE\_Personal. The subscales of self-esteem related to parents and self-esteem related to peers are the focus of this research. Results pertaining to affective self-esteem (SE\_Affect) and personal self-esteem (SE\_Personal) will be included in visual representations of the results for contextual purposes. However, they will not be discussed as they do not relate to the hypotheses.

Internal consistency of the full inventory (SSF SEI; Coopersmith, 1967) was good with an alpha coefficient of .87.

*Self-esteem scores:*

Total scores for the SSF SEI (Coopersmith, 1967) spanned the theoretical range of the inventory — minimum of 0 and maximum of 25 ( $M=16.94$ ;  $SD=5.43$ ).

Table 2

*Component Loadings of Exploratory Principal Component Analysis with Oblique Rotation of SSF SEI Items*

Item	Subscales of Self-Esteem			
	SE_Affect	SE_Parents	SE_Peers	SE_Personal
C17: I often feel upset in school (-)	<b>.667</b>			
C13: Things are all mixed up in my life (-)	<b>.657</b>			
C12: It is pretty tough to be me (-)	<b>.576</b>			
C23: I often get discouraged in school (-)	<b>.547</b>			
C7: It takes me a long time to get used to anything new (-)	<b>.519</b>			
C6: I get upset easily at home (-)	<b>.507</b>			
C25: I can't be depended on (-)	<b>.466</b>			
C10: I give in very easily (-)	<b>.380</b>			
C20: My parents understand me		<b>-.703</b>		
C22: I usually feel as if my parents are pushing me (-)		<b>-.661</b>		
C9: My parents usually consider my feelings		<b>-.631</b>		
C11: My parents expect too much of me (-)		<b>-.615</b>		
C16: There are many times when I would like to leave home (-)	.367	<b>-.369</b>		
C8: I am popular with kids my own age			<b>.678</b>	
C14: Kids usually follow my ideas			<b>.666</b>	
C19: If I have something to say I usually say it			<b>.556</b>	
C5: I am a lot of fun to be with			<b>.550</b>	

C4: I can make my mind up without too much trouble				<b>.358</b>
C2: I find it very hard to talk in front of the class (-)				<b>.331</b>
C1: Things usually don't bother me				
C18: I am not as nice-looking as most people (-)				<b>.807</b>
C3: There are lots of things about myself I'd change if I could (-)				<b>.716</b>
C15: I have a low opinion of myself (-)				<b>.675</b>
C21: Most people are better liked than me (-)				<b>.604</b>
C24: I often wish I were someone else (-)	.319			<b>.486</b>
Cronbach's $\alpha$	.742	.703	.614	.778

Note. Factor loadings <.3 not shown, (-) item reversed in scoring, discard items not in bold.

#### Between-group analysis of self-esteem:

After adjusting for participant ethnicity and participant disability, there was a statistically significant difference between the YCs group and the control group on the combined dependent variables:  $F(4,1251)=9.85$ ,  $p=.000$ ; Pillai's trace =.031; partial eta squared =.031.

There was a relationship between the combined dependent variables and disclosed disability, as indicated by a partial eta squared value of .092. There was a weaker relationship between the combined dependent variables and ethnicity, as indicated by a partial eta squared value of .018.

Figure 2 presents the mean scores for subscales of self-esteem across YCs and the NYCs groups. The NYCs group had consistently higher self-esteem than the YCs group.

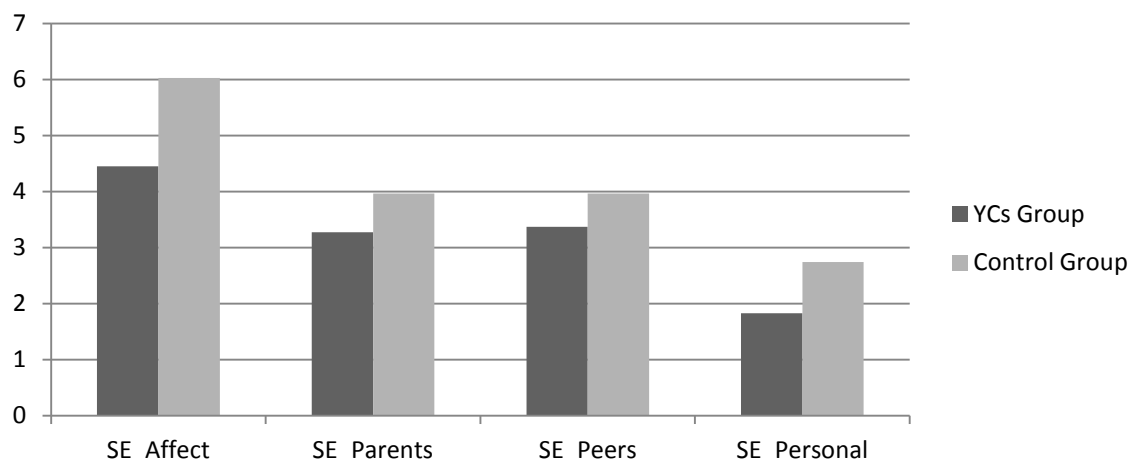




Figure 2

*Mean scores for the YCs group and the NYCs group on the subscales of self-esteem.*

When the results for the dependent variables were considered separately, they all reached statistical significance according to a Bonferroni adjustment of 0.013 for SE\_Peers and 0.006 for SE\_Affect, SE\_Parents and SE\_Personal.

There was a significant difference between groups on the sub-scale of SE\_Parents,  $F(1,1254)=13.48$ ,  $p=.000$ , partial eta squared =.011. Inspection of the mean scores indicated that the YCs group reported lower levels of SE\_Parents ( $M=3.44$ ,  $SD=.132$ ) than the NYCs group ( $M=3.95$ ,  $SD=.038$ ).

There was a significant difference between groups on the sub-scale SE\_Peers,  $F(1,1254)=7.86$ ,  $p=.005$ , partial eta squared =.006. Inspection of the mean scores indicated that the YCs group reported lower levels of SE\_Peers ( $M=3.49$ ,  $SD=.159$ ) than the NYCs group ( $M=3.96$ ,  $SD=.046$ ).

***YCs group and self-esteem according to subgroups of care recipients' needs:***

Within the YCs group ( $n=104$ ), 59.6% of participants reported that their care recipient's disability was of physical/illness in nature (PHYS/ILL), 20.2% were of a mental health/substance misuse nature (MH/SM), 14.4% were of a learning disability nature (LD), and 5.8% reported that their care recipients' disability was of both physical/illness and mental health/substance misuse in nature (PHYS/ILL+MH/SM).

Chi-square analysis revealed that there were no significant differences between the groups according to care recipients' disability in relation to gender ( $\chi^2(3,104) = 1.66$ ,  $p=3.65$   $p>.05$ ), age ( $\chi^2(6,104) = 5.79$ ,  $p>.05$ ), ethnicity ( $\chi^2(21,104) = 27.68$ ,  $p>.05$ ), disclosed disability ( $\chi^2(3,104) = .58$ ,  $p>.05$ ) or family composition ( $\chi^2(6,104) = 2.75$ ,  $p>.05$ ).

There was a statistically significant difference between the YCs according to their care recipients' disability on the combined dependent variables:  $F(12,285)=1.80$ ,  $p=.048$ ; Wilks' lambda =.800; partial eta squared =.072.

When the results of the dependent variables were considered separately, the only difference to reach statistical significance, albeit marginally, was between groups on the sub-scale of SE\_Parents:  $F(3,100)=2.81$ ,  $p=.056$ , partial eta squared =.075.

Inspection of pairwise comparisons for the DV SE\_Parents indicates a significant difference between YCs whose care recipients' disability is PHYS/ILL in nature and MH/SM in nature ( $p=.024$ ). An inspection of the mean scores indicated that PHYS/ILL had higher SE\_Parents ( $M=3.43$ ,  $SD=.192$ ) than those with MH/SM ( $M=2.57$ ,  $SD=.325$ ). There was also a significant difference between those whose care recipients' disability was of an LD nature and MH/SM nature ( $p=.017$ ). An inspection of the mean scores indicated that LD had higher SE\_Parents ( $M=3.85$ ,  $SD=.413$ ) than MH/SM ( $M=2.57$ ,  $SD=.325$ ).

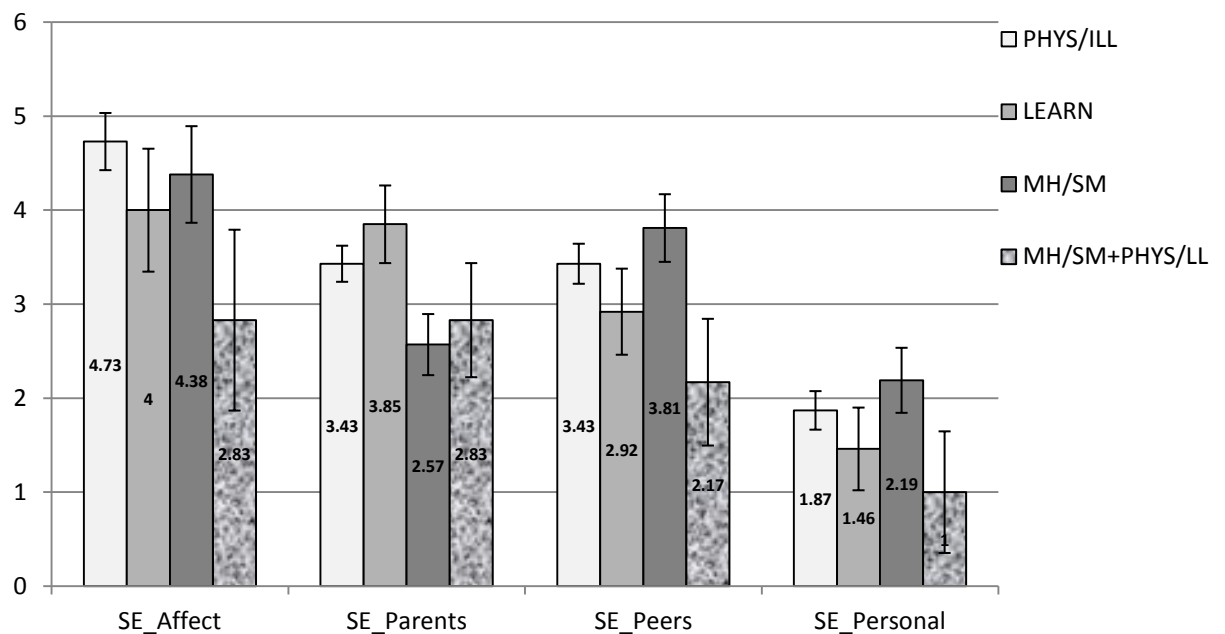


Figure 3

*Mean scores for the subgroups of YCs according to care recipients' disability on the subscales of self-esteem.*

Figure 3 depicts a general trend for YCs whose care recipients' disability is of a combined mental health/substance misuse and physical disability/illness nature to have lower subscale self-esteem scores than those whose care recipients' disability is of a physical/illness, learning, or mental health/substance misuse nature alone. There is one exception to this trend, for the self-esteem related to parents' subscale where YCs whose care recipients' disability is of a mental health/substance misuse nature have the lowest self-esteem scores; this group had the highest self-esteem scores in relation to peers. The opposite trend was observed for YCs whose care recipients' disability was of a learning disability nature. Those YCs whose care

recipients' disability is of a physical disability/illness nature demonstrated consistency in self-esteem scores across the parental and peer subscales.

## **Discussion**

### *Research aims:*

The current research sought to explore YCs' self-esteem in relation to the distinct but interrelated parent and peers systemic contexts in comparison to NYCs. In addition, due to the literature which identifies the additional risks faced by children whose care recipients' disability is of a mental health or substance misuse nature (Byng-Hall, 2008; Ireland & Pakenham, 2010), the current research also aimed to further explore YCs' self-esteem in relation to the parent and peer contexts according to the nature of the YCs' care recipients' disability.

It was hypothesised that the self-esteem of YCs would differ significantly from that of NYCs in relation to both the parent and peer systems. It was also hypothesised that YCs' self-esteem would differ significantly in relation to the parent and the peer systems according to the nature of their care recipient's disability.

### *What was done and what was found:*

Initial analysis involved exploring the internal structure of the School Short Form Self-Esteem Inventory (Coopersmith, 1967). The four scales identified were felt to correspond to the scales in the 50-item School Short Form and to the scales identified by Hill et al. (2011). Two of the scales corresponded theoretically to the areas of interest in the present study and therefore formed the basis for analysis.

Analysis revealed that YCs had significantly lower self-esteem than NYCs in all areas, with the greatest mean difference related to the parent context and the smallest mean difference related to the peer context, thus supporting the hypothesis that there would be a significant difference between groups. The poorer self-esteem in YCs identified across subscales is consistent with Banks et al. (2001) who found YCs to have lower self-esteem than NYCs. The findings contribute to understanding regarding YCs' lives by delineating this negative association by considering self-esteem as derived from interactions within different systemic contexts where the effects of caring during childhood are thought to manifest. These findings are contrary to those who refer, anecdotally in the YCs literature, to the positive effect of caring on YCs' self-esteem (Aldridge & Becker, 2004; Noble-Carr, 2002; Thomas et al., 2003;

Walker & Lee, 1998). Results suggest that YCs overall have marginally poorer evaluations of themselves from interactions with their parents than they do as the result of interactions with their peers.

When the YCs' data was analysed according to the nature of care recipients' disability, there was a significant difference between groups on the combined dependent variables of self-esteem. However, when the subscales of self-esteem were considered separately, significant differences between groups were only identified, marginally, for the subscale of self-esteem related to the parent context. On this basis the hypothesis, that YCs' self-esteem would differ significantly in relation to the parent and the peer systems according to the nature of their care recipient's disability, can only be accepted in relation to the parent context and rejected in relation to the peer context. It is possible that uneven and small sample sizes in the groups divided according to YCs' care recipient's disability affected the statistical power to detect significant differences between groups.

Between-group differences (as illustrated by Figure 3) show that those YCs whose care recipients had combined physical disability/illness and mental health/substance misuse difficulties had the lowest self-esteem across all but one of the self-esteem contexts measured, whereby indicating that the more complex the care recipients' needs, the more negatively YCs' self-esteem is affected.

YCs whose care recipients' disability was a physical disability/illness in nature had relatively consistent self-esteem scores in relation to the parent and peer systems. Interestingly, YCs whose care recipients' disability was of a mental health/substance misuse nature had the lowest self-esteem scores in relation to the parent system and the highest self-esteem scores in relation to the peer system. The relatively 'hidden' nature of their care recipients' disability may protect YCs whose care recipients' disability is of a mental health/substance misuse nature from the stigma which has been identified as a barrier to socialisation for YCs (Butler & Astbury, 2005). This population may also, due to the nature of their care recipients' disability, have relatively more freedom to access social opportunities due to the finding that they are not required to provide the same degree of personal/intimate or physical care as YCs whose care recipients' disability is of a physical/illness nature (Dearden & Becker, 2004). However, there is limited research which directly explores YCs' social and peer experiences and no known research which explores YCs' peers' perceptions of the care roles they undertake.

In relation to self-esteem derived from the parent context, YCs whose care recipients' disability was of a physical/illness nature had significantly higher self-esteem than did those whose care recipients' disability was of a mental health/substance misuse nature. Self-esteem scores within the parent context for those whose care recipients' disability is of a physical/illness nature could reflect parent-child attachment resulting from the increased likelihood of YCs whose care recipients' disability is physical or illness-related to provide personal/intimate care (Ireland & Pakenham, 2010), whereas the lower self-esteem observed in relation to the parent context for YCs whose care recipients' disability is of a mental health/substance misuse nature could reflect the increased likelihood of this population to provide caring of an emotional nature (Dearden & Becker, 2004; Ireland & Pakeham, 2010). Byng-Hall (2008) proposed that providing emotional support which is discrepant to the child's developmental level, consistent with the process of parentification (Early & Cushway, 2002), places YCs at greater risk of experiencing difficulties related to their identity, self-esteem and depression. In order to provide evidence in support of these possible mechanisms, future research will need to incorporate the nature of care tasks being undertaken as mediating variables in the association between caring during childhood and psychological outcomes.

#### *Characterisation of Young Carers:*

The prevalence of YCs identified within this study was 8.08% and is consistent with previous studies which have employed similar methodologies (Becker, 2010). In accordance with previous research, YCs were more likely to be part of single parent families than NYCs (Rose & Cohen, 2010). Within this study over 50% of YCs had been undertaking their role for longer than three years. Future research may wish to ascertain whether the duration of caring relates to YCs' self-esteem as well as exploring the effects of the age at which YCs begin to undertake their caring role. Both are likely to interact to increase the risk factors YCs face. Consistent with concerns by policymakers and practitioners (Underdown, 2002; O'Dell, Crafter, de Arbreu & Cline, 2010), the majority (75%) of YCs in this study had not disclosed their caring role to school staff, with a significant number (43.4%) having reported that they did not want school staff to know.

Significant to consideration of the vulnerability of YCs according to multiple risk factors and notably to the role of the EP, a significantly higher proportion of YCs than NYCs disclosed having a disability themselves. It is therefore likely that these children will come into contact with EPs over the course of their time at school and it is therefore the EPs' professional

responsibility to have an awareness of the potential for children to be undertaking caring roles and the effects this may have on their psychological well-being.

*Implication and applications of findings:*

The psychological well-being of caring on YCs has not previously been considered explicitly across systems. Such consideration it is felt places the needs of YCs within an approach which allows for explicit consideration of the effect of events in one system on interpretations and events in another. By considering YCs' self-esteem in these terms, the allocation of interventions and efficacy of multi-disciplinary involvement may be improved to 'fit' YCs' needs. For example, the current model tends towards respite services for YCs which provide opportunities for interaction with peers. However, it may be that interventions would be best placed within the parent-child relationship or with the child themselves to coach coping and self-help skills, self-efficacy and self-esteem. By respecting children's desire to care (Gladstone et al., 2006; O'Dell et al., 2010) with tailored support packages, their resilience may be better supported.

One way of intervening to increase YCs' self-esteem is through well-being initiatives within schools (Banks et al., 2001) which seek to identify and intervene along psychological dimensions. Given that low self-esteem is associated with a plethora of negative life adjustment outcomes (Donnellan, Trzesniewski, Robins et al., 2005; Orth, Robins, Trzesniewski et al., 2009; Trzesniewski et al., 2006), intervening to boost young carers' self-esteem may be a positive step towards preventing some of the outcomes currently being identified in adulthood, e.g. not being in education or employment (Norman & Purding, 2012). Indeed, findings indicate that those with high self-esteem appear to be better able to overcome failure or stress than those with low self-esteem outcomes (Baumeister et al., 2003; Orth et al., 2009). Arguably, YCs are exposed to a higher incidence of stressful life circumstances which they need to overcome.

The needs of YCs are influenced by multiple systems including the parent/family, peer/social and school and, therefore, necessitate the joint involvement of education, voluntary organisations, social care services and health services. EPs' awareness of effective multi-agency working and systemic understanding places them in an advantageous position to advocate on behalf of YCs and explore the effects of their home context on psychological outcomes in other contexts (Doutre et al., 2013; Gaskell & Leadbetter, 2009; Bronfenbrenner, 1979). EPs can impart this knowledge and understanding in relation to identifying and

addressing the needs of YCs within schools without needing to explicitly identify them as young carers. This may increase their trust in professionals, inadvertently increase disclosure rates, and reduce YCs' feelings of isolation.

*Limitations:*

Though these findings add to the YCs literature in a number of ways, it must be acknowledged that any significant differences between groups cannot be attributed causally. Perhaps, lower self-esteem prior to the onset of caring could be a contributing factor to a child adopting a caring role over their siblings and identifying with it in such a way as to boost their already poor self-esteem. This theory would fit with the emerging identity theories related to YCs (Rose & Cohen, 2010).

In addition, self-esteem, though arguably a well-researched psychological construct, is not without critique (Baumeister et al., 2003). It is also most notably a self-report measure which brings with it associated methodological shortcomings (Robins, Hendin & Trzeniewski, 2001). For example, self-report measures of self-esteem are often critiqued for their potential to elicit socially desirable responses whereby participants answer questions in such a way as to make themselves look better (Baumeister et al., 2003). However, given that in the present study the self-esteem questionnaires were completed on line and anonymously it is hoped that this potential confound was minimised.

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## **Part C: Reflective Account**

***(5,052 words excluding headings and references)***

This reflective account aims to provide the reader with an overview of the research process and the researcher's contribution to knowledge. It is intended to offer a critical account of the development of the research alongside development of the researcher's development as a research practitioner. It will do so by making appropriate reference to the literature that informed choices and direction throughout the research process. Brief consideration will be given to any possible changes to the methodology utilised from the advantage of hindsight.

These aims will be addressed in two discreet sections. The first section will consider the contribution made to knowledge, whilst the second will critically consider the research process. The relevance, implications and applications of the research, in relation to educational psychology practice, will be considered throughout.

### ***Contribution to Knowledge***

The role of educational psychologists (EPs) as a research practitioner has been identified as a distinctive and defining element of the role (Farrell, Woods, Lewis, Rooney, Squires & O'Conner, 2006). The following section aims to encapsulate the circular nature of this role element in relation to the present research area of young carers and self-esteem.

#### ***Summary of the gaps identified within the major literature review:***

A dearth of published academic, peer-reviewed articles pertaining to young carers from the perspective of the EP was identified during the inception of the research area. There has since been one research article published in the academic journal Educational and Child Psychology (Doutre, Green & Knight-Elliott, 2013) which employed a qualitative methodology to explore young carers' constructions of their role within an interpretative phenomenological framework and from a strengths-based perspective.

The understanding of the effects of caring during childhood on psychological outcomes was identified as an under-researched area (Earley & Cushway, 2002). Within the YCs literature the psychological construct of self-esteem had been posited in relation to both the positive (Dearden & Becker, 2004; Noble-Carr, 2002) and negative (Byng-Hall, 2008; Banks, Cogan, Deeley et al., 2001) effects of caring during childhood. However, just one study was identified

as directly measuring self-esteem in relation to YCs, which found YCs to have significantly lower global self-esteem than NYCs (Banks et al., 2001).

The literature review identified that the effects of caring during childhood in addition to the mechanisms of these effects appeared to relate to the distinct but related systems of the parent/family and peer/social. Exploration of self-esteem in relation to the family and social systems was therefore identified as a novel research area.

In addition, the literature reviewed considered YCs to be a heterogeneous group with differences in relation to the care they undertake in addition to the effects of caring (Dearden & Becker, 2004; Ireland & Pakenham, 2010). Thus, the self-esteem of YCs according to the nature of their care recipients' disability in relation to the parent/family and peer/social context was also identified as a novel and pertinent area for research.

#### *Summary of research aims:*

The current research aimed to delineate the association between YCs and self-esteem by exploring, using a multi-dimensional measure, whether YCs experience lower self-esteem than NYCs in relation to the distinct but interrelated parent/family and peer/social systems.

In addition, this study aims to explore whether YCs' self-esteem in relation to the parent/family and peer/social systems differs according to the nature of their care recipients' disability.

It was hypothesised that the self-esteem of YCs would differ significantly from that of NYCs in relation to both the parent and social systems. It was also hypothesised that the YCs' self-esteem would differ significantly in relation to the parent system and the social system according to the nature of their care recipients' disability.

#### *Summary of findings:*

Initial analysis involved exploring the internal structure of the School Short Form Self-Esteem Inventory (Coopersmith, 1967). Of the four scales identified, two were felt to correspond theoretically to the areas of interest in the present study, namely the subscale related to interactions within the parent/family system and interactions within the peer/social system. They were also felt to relate accordingly to the corresponding scales in the 50-item School Short Form and to the scales identified by Hill, Francis and Jennings (2011). The scales identified formed the basis of between-group analyses.



Analysis revealed that YCs had significantly lower self-esteem than NYCs across both the parent and peer systems, with the greatest mean difference related to the parent context and the smallest mean difference related to the peer context. These findings support the research hypothesis. The poorer self-esteem in YCs identified across subscales is consistent with Banks et al. (2001) who found YCs to have lower global self-esteem than NYCs. They also contribute to understanding through delineating this negative association by considering self-esteem as derived from interactions within different systemic contexts where the effects of caring during childhood are thought to manifest. These findings are contrary to those who refer, anecdotally in the YCs literature, to the positive effect of caring on YCs' self-esteem (Dearden & Becker, 2004; Noble-Carr, 2002; Thomas, Stainton, Jackson et al., 2003; Walker & Lee, 1998). Results suggest that YCs overall have marginally poorer evaluations of themselves from interactions with their parents than they do as the result of interactions with their peers.

When the YCs' data was analysed according to the nature of care recipients' disability, there was a significant difference between groups on the combined dependent variables of self-esteem. However, when the subscales of self-esteem were considered separately, significant differences between groups were only identified, marginally, for the subscale of self-esteem related to the parent context. On this basis the hypothesis, that YCs' self-esteem would differ significantly in relation to the parent and the peer systems according to the nature of their care recipient's disability, can only be accepted in relation to the parent context and rejected in relation to the peer context. However, it is possible that uneven and small sample sizes in the groups divided according to YCs' care recipient's disability affected the statistical power to detect significant differences between groups. Future research should aim to further "unpack" the umbrella grouping of YCs, beginning by considering the needs of YCs according to the nature of their care recipients' disability.

Between-group differences show that those YCs whose care recipients had combined physical disability/illness and mental health/substance misuse difficulties had the lowest self-esteem across all but one of the self-esteem contexts measured, thereby indicating that the more complex the care recipients' needs, the more negatively YCs' self-esteem is affected. Though the accumulation of challenges faced by these individuals may be assumed, it is an area where further research to explore the mechanisms of effects may prove fruitful in designing appropriate interventions to meet their needs.

*Contribution to knowledge:*

The contribution to knowledge made by the current research can be grouped into the areas related to self-esteem, to the lives of young carers, and to knowledge acquired as a research practitioner. The knowledge contributed to EP will be considered throughout rather than in a discreet section.

*Knowledge related to self-esteem:*

In relation to self-esteem the contribution to knowledge is twofold. Firstly, through the exploration of the internal structure of the School Short Form Self-Esteem Inventory (SSF SEI; Coopersmith, 1967), its potential to be used as more than a global measure of self-esteem has been highlighted. Previous researchers who have employed the SSF SEI as a measure of self-esteem may return to their data to explore self-esteem multi-dimensionally in relation to the contexts of the parent/family and peer/social. Future research could extend this knowledge. Secondly, the literature reviewed contributed to the researcher's knowledge and understanding of the psychological construct of self-esteem, both in terms of the historical research literature which characterises self-esteem as a household name (Baumeister, Campbell & Krueger, 2003) and in terms of its utility as a predictor of significant life outcomes (Trzeniewski, Moffit, Poulton et al., 2006; Bachman, O'Malley, Freedman-Doan, Trzesniewski & Donellan, 2011; Moksnes, Moljord, Esones & Byrne, 2010), which will contribute significantly to my applied work.

*Knowledge regarding the lives of young carers/socio-demographic characteristics:*

The research has contributed to knowledge regarding young carers at a local level. Within the local authority (LA) where the data were collected, policymakers have a richer picture of the number of children undertaking a caring role within the family, the nature of the care tasks they undertake, the duration of their caring roles, and the nature of care recipients' disabilities necessitating care. Other demographic knowledge includes information regarding the ethnicity, gender and age of young carers. This knowledge will enable policymakers to map services accordingly.

Consistent with the distinction drawn at the beginning of the literature review (Part A) between children who live with a disabled family member but do not provide support and children who actively care for a disabled family member in order to support the household, there were participants who indicated that they lived with a disabled family member but did not undertake care tasks and did not consider themselves to be a young carer. This contributes to Dearden and Becker's (2004) recognition that the majority of children who have a disabled

family member will not need to undertake a caring role due to the support from voluntary agencies, statutory services and the wider family (Dearden & Becker, 2004). It also supports calls to support the rights of disabled parents (Newman, 2002).

It was necessary to operationalise the independent variable according to previous research in the areas (Banks et al., 2001) and in order for future research to replicate. Thus, YCs were classified as such if they indicated both their family member's disability and the nature of the care tasks they undertook for that family member. However, there was a question in Part One of the questionnaire which asked participants whether they considered themselves to be a YC or not. There were three options: 'Yes', 'No' and 'Don't Know'. Inspection of participant responses indicated that, despite receiving a comprehensive definition prior to completing the research, a number of YCs whose care recipients' disability was of a mental health/substance misuse nature responded to this question as 'Don't Know', possibly indicating their limited awareness regarding what constitutes disability, which could be a reflective societal approach to disability.

In terms of YCs from an educational perspective within the LA, knowledge has been contributed regarding the hidden nature of YCs due to a lack of disclosure at the school level. For EPs, knowledge of the prevalence of disabilities, as disclosed by the participants in this study, within this population will be a consideration in relation to the additional learning needs this population has. Of course, there may be many factors which impact upon this prevalence, not least environmental and genetic factors. Notably, the relationship between YCs and self-esteem was maintained when the prevalence of disclosed disabilities was controlled for statistically as the relationship between low self-esteem and disability and/or additional learning needs has long been established in children and young people (e.g. Rees & Rees, 2001).

The socio-demographic characteristic of YCs identified within this sample contributes to knowledge on a wider front as the findings are consistent with similar studies in different areas of the UK (e.g. Becker, 2010).

#### *Knowledge related to young carers' self-esteem across contexts:*

The research findings have contributed to knowledge related to the psychological well-being of YCs. Research findings indicate that YCs have lower self-esteem than NYCs across both the parent/family and social/peer settings. By delineating YCs' self-esteem in relation to NYCs and according to their care recipients' disability, it is hoped that it has provided insight into the

possible mechanisms of effects, e.g. through parent-child mechanisms or through peer-child mechanisms. It is hoped that this insight will direct practitioners towards appropriately differentiated intervention strategies. Although a causal relationship cannot be asserted, the additional variables controlled for strengthening the association found. Within the journal article the findings are discussed in terms of current knowledge and understanding in the area as identified in the literature review. The current findings related to differences between YCs' self-esteem according to the nature of their care recipients' disability indicate that there is scope to further contribute to knowledge regarding the mechanisms through which YCs' self-esteem may be affected by controlling for variables which are known to differ across groups. For example, including the nature of the care tasks being undertaken as a mediator in future analysis may assert the nature of tasks undertaken as a risk or protective factor in caring during childhood. Knowledge may therefore lead to tailored interventions to safeguard and foster YCs' self-esteem.

In addition, given the knowledge gained in relation to the lack of disclosure regarding their role to school staff, self-esteem may be a psychological construct suitable for identification and intervention at the school level. Whole school well-being projects, such as the one being piloted within the LA the research was conducted, where pupils undergo systematic self-esteem assessments alongside other well-being assessments could be extended across schools. The esteem needs of YCs may therefore be addressed without needing to explicitly recognise YCs as such. When identified as having low self-esteem, YCs may be offered a self-esteem intervention by a school-based ELSA (Burton & Shotten, 2009) who will have been trained, and continue to be supported, by EPs.

#### *Limitations of knowledge:*

The findings in relation to YCs' self-esteem derived from the parent/family context according to the nature of their care recipients' disability demonstrate that those who care for a family member with a mental health/substance misuse difficulty have the lowest self-esteem. However, when interpreting this result, it is important to bear in mind that this finding could be unrelated to the care they undertake. It could be related to the heightened risks these children and young people face to their well-being due to having a family member with these needs (e.g. Lieb, Isensee & Hofler, 2002; Webster-Stratton, 1990; Walker & Lee, 1998).

The researcher believes it is important to recognise the self-report nature of the measure of self-esteem utilised. It is therefore open to the critique of all self-report measures related to motive and social desirability (Baumeister et al., 2003).

*Contribution to knowledge of research practitioner:*

The knowledge gleaned through this research has directly impacted upon the researcher's applied work through a greater understanding of YCs, including factors which increase the likelihood of a child undertaking a caring role, the perceived benefits communicated by YCs themselves in addition to the negative effects highlighted in the research literature. The sheer prevalence of YCs identified and the high incidence of additional needs/disabilities identified within the sample will influence the researcher's applied work, which in turn it is hoped will raise awareness within schools and ultimately improve outcomes for YCs.

Consideration of the possible psychological mechanisms which may underpin the effects of caring during childhood has married both the researcher's applied and research skills in theorising borne both from literature and from direct experiences. Such is the inextricable nature of the research practitioner role.

Undertaking a quantitative research project has expanded the researcher's knowledge and understanding of statistical techniques, a knowledge base and confidence which will hopefully be built upon in the future as a research practitioner for an LA.

*Dissemination of knowledge:*

In addition to compiling the research findings into a doctoral thesis, it is hoped that the research paper (Part B) can be disseminated through an academic journal. The findings will also be communicated to the LA's YCs working group perhaps in the form of a research poster. During the writing of the research paper, the researcher was mindful of the conflict between the necessary methodological information and ensuring its 'readability' for audiences from different backgrounds (e.g. academic, practitioners, third sector and statutory organisations).

***Critical Account of the Research Practitioner***

*Origins of research interest:*

The psychological correlates of caring for an ill or disabled family member during childhood originated from the insights shared by a member of the researcher's family. The family member was a YC, and their care recipient subsequently died due to the nature of their illness.

Reflections arising from this quasi-case study platform indicated to the researcher that it was the family member's experiences as a caregiver that had shaped their identity and attributes, over and above their experience of bereavement during childhood.

The researcher reflected upon the often hidden nature of YCs and, therefore, the reduced likelihood that they will receive the recognition and social support which more often accompanies the experience of bereavement during childhood. Reading around the subject highlighted that psychological understanding of bereavement during childhood was far greater than in relation to the under-researched psychological understanding of care-giving during childhood.

Of the literature available, one psychological construct re-occurred with some frequency but with little apparent founding, self-esteem. Simultaneously, the researcher, as part of an applied role as a Trainee Educational Psychologist (TEP), had become involved with the local authority's well-being project. The well-being project involved promoting schools' capacity to assess and intervene to promote children's well-being. Self-esteem formed a primary strand of the well-being project both in terms of assessment and intervention; thus, it was felt that choosing this psychological construct would not only provide an opportunity for the researcher to further their understanding but also would allow for interpretation and intervention at the school level by utilising and extending the framework already available to schools within the local authority.

#### *Getting through the door:*

Discussions with the local authority regarding the support offered to YCs revealed that they were in the process of undertaking a scoping exercise in order to ascertain how many children and young people may be undertaking a caring role in the authority. Thus, it reflects the pertinence of the subject of caring during childhood to current policy planning. This project was in its infancy and they were in the process of compiling a working group to oversee the direction of the research and address the outcomes. The researcher was invited to become part of the working group in her role as a TEP as a representative from the education department. The opportunity to take part in such a strategic way was welcomed by the researcher in her role as a TEP and provided learning opportunities influencing both her researcher role and her applied role. It also allowed for acquiring a much larger sample size, by way of the LA's endorsement, than would have been possible at an individual level. In addition, the useful feedback provided by the members of the LAs YCs Working Group who formed the

research team undertaking the LAs commissioned scoping exercise, about the potential impact of using the lengthier School Form Self-Esteem Inventory on participant recruitment encouraged the researcher to explore the feasibility of employing the Short Form as the self-esteem measure instead.

*Discussion related to the philosophical positioning of the research:*

This section aims to consider the research process within an ontological, epistemological and methodological context.

Within their applied role as a TEP, the researcher uses a constructionist framework for practice (Gameson & Rhydderch, 2008) within which consultation methods (Wagner, 2000) are employed from a humanistic stance (Rogers, 1967) with the aim of empowering stakeholders to facilitate change. This stance, which is essentially relativist, purports that knowledge is a social reality, value-laden, and can be revealed only through individual interpretation. This position lends itself to non-scientific approaches to collecting and collating information using qualitative methods, leading Kelly (2008) to draw attention to the essentially un-scientific nature of the constructionists and propose that EPs might do themselves greater justice by positioning themselves within the epistemological and ontological positions of critical realism. However, within the constructionist framework for practice utilised by the TEP (Gameson & Rhydderch, 2008), the utility of informed and reasoned action is recognised. Action may therefore be informed by a critical consideration of empirical, scientific research which is often referred to as evidence-based practice (Fredrickson, 2002). In addition, as a TEP the researcher had experience of and beliefs relating to the inter-relatedness of systems on individuals (Bronfenbrenner, 1979). Thus, by virtue of working in such a manner, the researcher also placed an emphasis on formulating a research question which would contribute to understanding and be applicable to intervening at the organisational, the systemic, the group and the individual levels. In this way the research may also be considered from the philosophical position of pragmatism (Burnham, 2013) which is related to the 'usefulness' of knowledge.

The current research was undertaken from an ontological position of critical realism, which according to Morris (2008) is a "position that maintains that there exists an objectively knowable, mind-independent reality" (p. 10). That is, an acknowledgement that phenomena exist 'out there' but epistemologically, as human beings, we must be mindful of how our own presence as researchers influences what we are trying to measure. The methodology

employed during the research process, in the context of the aforementioned ontological and epistemological position, was the scientific method which lends itself to a quantitative approach to collecting and collating data. The quantitative method is synonymous with objectivity and explicability allowing for verification of the contributions to knowledge claimed by this research (Smith & Davis, 2004). Importantly, within the current empirical research, the psychological construct of self-esteem is felt by the researcher to illustrate the critical realist ontology in that it is a construct that is believed to be 'out there' and has withstood empirical testing over time (Donnellan et al., 2005; Orth et al., 2009; Trezeniewski et al., 2006). It is, however, inextricably related to the individual's subjective evaluations in relation to different contexts. The research questions pertaining to self-esteem across the distinct but related systems of the parent/family and peer/social were borne out of the literature review and, thus, sit comfortably within the post-positivist paradigm of the current research, that is, the view that we need context and that context-free experimental design is insufficient.

In these terms it is clear that the epistemology and ontology within which the researcher conducts their applied role are at odds with the epistemology and ontology within which they conducted the current research. The researcher's constructionist approach to applied work underpins their beliefs regarding the role of the EP in, and value placed on, eliciting the voice of the child and its interpretation at an individual level (Todd, Hobbs & Taylor, 2000). The quantitative methodology employed was initially difficult to reconcile with these beliefs. However, within the context of the literature reviewed, it was clear to the researcher that there was a dearth of research which surveyed YCs from a scientific stance. With the majority of research undertaken within the paradigm of constructivism from a relativist position, the ability to draw conclusions and generalise research findings was limited.

#### *Design and procedures:*

Employing a quantitative, cross-sectional design lent itself well to a questionnaire design that could be administered online, which in turn lent itself to gaining a large population sample with the incorporation of a control group, thus overcoming a number of the recognised shortcomings in the research area, including small sample sizes, sampling from YCs already accessing services, etc. (Banks et al., 2001). Had the research not been from a population sample, it would not have revealed the high number of YCs who had not disclosed their role to school staff, which is significant due to the potential that these 'hidden' YCs may be the most vulnerable to the adverse outcomes of caring. The large sample size also allows for greater generalisability of the findings. However, a qualitative method may have given a richer depth



of understanding not only of the YCs' evaluations of themselves in relation to both the parent/family and peer/social systems but also of their insights into the mechanisms underpinning their evaluations. One way in which the systemic and social constructionist elements could have been assessed across settings on a psychological construct akin to self-esteem might have been through conducting focus groups with the YCs themselves and with their family and peers respectively. Exploring their constructions directly would thus empower them by increasing their feelings of being 'heard'. Such practice is arguably a defining characteristic of the role of the EP (Ashton and Roberts, 2006) and would thus have married the researcher's applied and research roles more effectively.

Literature was reviewed in the bid to find a multi-dimensional measure of self-esteem which had been used within educational psychology literature. The Coopersmith Self-Esteem Inventory School Form (SEI SF, 1967) had been used in the area, e.g. Rees and Rees (2001). However, the charitable organisation commissioned by the working group to conduct the scoping exercise was reluctant to attach what they viewed as a lengthy measure to their questionnaire. They, understandably, wanted it to be as concise an addition as possible as not to hinder participant numbers. I briefly considered using an alternative, equally well-regarded measure (e.g. the Rosenberg Self-Esteem measure). However, it would not have allowed me to isolate self-esteem in relation to parents and peers respectively, which was part of the research's unique contribution to knowledge. Recent exploration of the internal structure of the Short Form indicated that it too may have utility in exploring self-esteem in relation to the parent and peer contexts respectively (Hill et al., 2011). The Short Form of the measure was therefore adopted as the self-esteem measure. However, this necessitated that the researcher undertake statistical exploration of the measure prior to between-group analysis.

There were some differences in beliefs between the researcher and the working group in relation to ethics. The university ethical requirements required that the researcher sufficiently ensure informed consent and the provision of appropriate debriefing information. However, to the surprise of the researcher, the LA was not necessitated to adhere to these measures to safeguard participants' well-being. Many of the difficulties encountered due to differences in backgrounds and research understanding were overcome through communication and staying in close contact with both the university staff and the working group, including the charitable organisation.

Had a different measure been employed for self-esteem, the statistical analysis would not have been as complex. However, the complexity of the statistical analysis provided a valuable learning opportunity.

*Analysis strategy:*

The analysis strategy was borne from both the research aims and the nature of the data collected. It was empirical and heavily quantitative in nature. The researcher had reservations about undertaking such a complex quantitative design given their relative inexperience in the area. However, from utilising resources and literature, the researcher was able to undertake the appropriate statistical analysis and interpretation. The analysis therefore afforded opportunities for the researcher to hone research skills that they had not embarked upon previously. Had the analysis strategy not been so complex, it would not have offered such learning opportunities nor would the researcher feel as confident to approach both quantitative and qualitative hypothesis testing in the future. These newly learnt skills will undoubtedly impact on the researcher's future work.

*Ethical issues:*

There has been an increasing emphasis in recent years on applied psychology's ethical basis for professional practice (Franey, 2002). One could argue that this increasing emphasis is due to the growing diversity in the roles that make up EP practice (Webster & Lunt, 2002), including that of the research practitioner (Fredrickson, 2002). Gaining ethical approval was a complex and lengthy process as it was appropriate and necessary that all correspondence with participants (e.g. consent, debrief) go through the ethics committee at the university and the working group within the LA. The researcher would like to take this opportunity to reflect upon the appearance that the LA did not subject research projects to the rigorous processes which govern academic research (Franey, 2002). It is felt by the researcher that, in part, the professional integrity of educational psychology can be inferred as a defining characteristic of the profession (Webster & Bond, 2002).

*Management and change of beliefs during research process:*

The researcher's beliefs as an applied psychologist are underpinned by a belief that children should be considered holistically, across settings, and that an individual cannot be considered in isolation of these contexts (Bronfenbrenner, 1979). The researcher therefore made attempts during the research process to consider YCs at the centre of complex systems, e.g.

during the literature review and in the variables controlled for during analysis. The gaps identified in the knowledge related to YCs and their psychological well-being led the researcher to adopt a multi-dimensional measure of self-esteem with a focus on the parent/family and peer/social contexts, therefore allowing the researcher to consider YCs in a more holistic nature than would have been afforded by a global measure of self-esteem, and allowing a 'better fit' with the researcher's applied perspective. Therefore, it is acknowledged that the researcher's beliefs impacted on the research design, and these beliefs were managed through the undertaking of a systematic literature review.

As the research was quantitative in nature and the researcher had no contact with the participants, the impact of the researcher's beliefs on the data collected was limited. The hypotheses articulated within the research article were ambiguous in terms of directionality. This was due to the conflicting nature of research pertaining to self-esteem in relation to the parent/family and peer/social contexts.

*Links to placement and relevance to educational psychology:*

The research has served to maintain the researcher's connection to the placement within which the data was collected. The researcher continues to contribute to the YCs working group, and the YCs working group has expressed an interest in receiving information regarding the research findings. It is hoped that when the research findings are conveyed to the LA's YCs working group, they may be considered in planning to address the needs of YCs within the LA. This is because the current research, by exploring YCs' psychological well-being, adds to the information they will have from the authority-wide scoping exercise which sought simply to measure YCs' socio-demographic characteristics.

The current research is borne out of the researcher's intention to explore young carers' psychological well-being along a construct both familiar to schools (Baumeister et al., 2003) and used as a focus of EP interventions (Burton & Shotten, 2009). The findings are relevant to enhancing EPs' understanding of the socio-demographic characteristics of YCs, their hidden nature within schools, and their psychological well-being. The current research therefore enhanced EPs' evidence base for working with this population of children and young people (Fredrickson, 2002). There are numerous avenues for further exploration in the form of establishing causation and mediating and moderating variables of YCs' psychological well-being, including self-esteem. From an EP perspective there is scope for communicating the hidden nature of YCs in schools, for developing well-being initiatives which are intended to

enhance self-esteem, and in evaluating the outcomes of self-esteem interventions for YCs. Given EPs' skills in working as part of multi-disciplinary teams (Leadbetter, 2006), they are well placed to advocate on behalf of YCs the needs which necessitate cross-disciplinary involvement of services (Doutre et al., 2013).

### ***Summary***

The reflective account aimed to provide an overview of the contribution to knowledge made by the current research and offer a critical account of the research process from the origin of the research area to its proposed dissemination. The reflections shared are not by any means an exhaustive account. Rather, it is hoped that they convey the key reflections and themes which informed research choices throughout, thus rationalising the reasoning underpinning the process for the audience.

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## **Appendix A**

### **Opt-Out Consent Letter Sent alongside the Charitable Organisation's Letter**

Dear Parent/Guardian,

For your information, the analysis of the anonymous data looking at the relationship between caring responsibilities and self-esteem will be undertaken by a trainee educational psychologist studying at Cardiff University. It is hoped that this information will aid understanding of the needs of young people undertaking caring responsibilities.

If you would like more information about the analysis of this anonymous data or the aims of this element of the project, please do not hesitate to contact Rosanna Stenner (DEdPsy Student), Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT.

Yours sincerely,

Rosanna Stenner.



## Appendix B

### Part One of Online Survey

<p>Part One: This questionnaire is being carried out by Action for Children and NAME OF LA Young Service.</p> <p>The aim of this questionnaire is to identify the number of young carers in primary and secondary schools in NAME OF LA and the range of tasks they may be carrying out. This information will help us to develop services which can meet the needs of young carers and support them in their caring role.</p> <p>Thank you for your help in answering these questions.</p> <p>Please answer as many of the questions as possible, either by ticking or adding a comment in the boxes.</p>		
What is your gender?		
Male <input type="checkbox"/>		Female <input type="checkbox"/>
What is your ethnicity?		
White British <input type="checkbox"/>	Mixed White/African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Irish <input type="checkbox"/>	Mixed White/Asian <input type="checkbox"/>	Other Asian <input type="checkbox"/>
Other White <input type="checkbox"/>	Mixed Other <input type="checkbox"/>	Mixed White/Asian <input type="checkbox"/>
Mixed White/Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black African <input type="checkbox"/>
		Black Caribbean <input type="checkbox"/>
Who lives with you at home? Tick all that apply.		
Mum <input type="checkbox"/>	Dad <input type="checkbox"/>	Brothers <input type="checkbox"/>
Sisters <input type="checkbox"/>	Step-Brothers <input type="checkbox"/>	Step-Sisters <input type="checkbox"/>
Grandmother <input type="checkbox"/>	Grandfather <input type="checkbox"/>	Aunty <input type="checkbox"/>
Uncle <input type="checkbox"/>	Other: <input type="checkbox"/>	
Where do you attend school?		
School X <input type="checkbox"/>	School X <input type="checkbox"/>	School X <input type="checkbox"/>
School X <input type="checkbox"/>	School X <input type="checkbox"/>	School X <input type="checkbox"/>
School X <input type="checkbox"/>	School X <input type="checkbox"/>	School X <input type="checkbox"/>
School X <input type="checkbox"/>	Other: <input type="checkbox"/>	
What school year are you in?		
Year 7 (age 11–12) <input type="checkbox"/>	Year 8 (age 12–13) <input type="checkbox"/>	Year 9 (age 13–14) <input type="checkbox"/>
Are you a young carer? Do you look after a relative in your home on a regular basis?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Do you look after a family member/members at home who has/have any of the following?		

Serious or long-term illness <input checked="" type="checkbox"/>	Learning disability <input checked="" type="checkbox"/>	Drug or alcohol abuse <input checked="" type="checkbox"/>
Physical disability <input checked="" type="checkbox"/>	Mental health difficulty <input checked="" type="checkbox"/>	None of the above <input checked="" type="checkbox"/>
Other:		
Do you carry out any of the following tasks for this/these family member(s)?		
Personal care, e.g. feeding, dressing, showering, toileting, walking		<input checked="" type="checkbox"/>
Housework, e.g. cooking, cleaning, shopping		<input checked="" type="checkbox"/>
Give medication, e.g. tablets, medicine		<input checked="" type="checkbox"/>
Going with them to medical or other appointments		<input checked="" type="checkbox"/>
Providing emotional support, e.g. listening, being there, cheering up		<input checked="" type="checkbox"/>
Get up in the night to help them		<input checked="" type="checkbox"/>
Looking after brothers or sisters		<input checked="" type="checkbox"/>
None of the above		<input checked="" type="checkbox"/>
Are there any other tasks you carry out for this person(s)?		
How long have you been helping this family member(s)?		
Less than 1 year <input checked="" type="checkbox"/>	1–2 years <input checked="" type="checkbox"/>	3–4 years <input checked="" type="checkbox"/>
More than 5 years <input checked="" type="checkbox"/>		
Do you feel that your caring role affects your school in any ways identified below?		
Tired <input checked="" type="checkbox"/>	Being bullied <input checked="" type="checkbox"/>	Worried about family member <input checked="" type="checkbox"/>
Sometimes late for school <input checked="" type="checkbox"/>	Unable to concentrate <input checked="" type="checkbox"/>	Unable to attend after school activities <input checked="" type="checkbox"/>
Sometimes late for appointments <input checked="" type="checkbox"/>	Homework not completed on time <input checked="" type="checkbox"/>	Days off school to care for family member <input checked="" type="checkbox"/>
Other:		
Are any of the school staff aware that you care for someone in your family, e.g. teachers, learning support staff, etc.?		
Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	I don't want them to know <input checked="" type="checkbox"/>
If yes, please say how they support you, if they do:		
Do you think you have a disability? If so, what:		
I do not think I have a disability <input checked="" type="checkbox"/>	Learning <input checked="" type="checkbox"/>	Hearing <input checked="" type="checkbox"/>
Sight <input checked="" type="checkbox"/>	Mobility <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
Is there any other information you would like to share with us?		

## Appendix C

### Part Two of Online Survey

You will find below a list of statements about feelings. If a statement describes how you usually feel, click on the circle in the column "Like Me". If the statement does not describe how you usually feel, click on the circle in the column "Unlike Me". There are no right or wrong answers.

		Like Me	Unlike Me
1	Things usually don't bother me		
2	I find it very hard to talk in front of the class		
3	There are lots of things about myself I'd change if I could		
4	I can make up my mind without too much trouble		
5	I'm a lot of fun to be with		
6	I get upset easily at home		
7	It takes me a long time to get used to anything new		
8	I'm popular with kids my own age		
9	My parents usually consider my feelings		
10	I give in very easily		
11	My parents expect too much of me		
12	It's pretty tough to be me		
13	Things are all mixed up in my life		
14	Kids usually follow my ideas		
15	I have a low opinion of myself		
16	There are many times when I would like to leave home		
17	I often feel upset in school		
18	I'm not as nice-looking as other people		
19	If I have something to say I usually say it		
20	My parents understand me		
21	Most people are better liked than I am		
22	I usually feel as if my parents are pushing me		
23	I often feel discouraged at school		
24	I often wish I were someone else		
25	I can't be depended on		

Thank you very much for completing this questionnaire. If you have any queries or would like to find out more about Part Two, please contact Rosanna Stenner (DEdPsy Student), School of Psychology, Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT.

## Appendix D

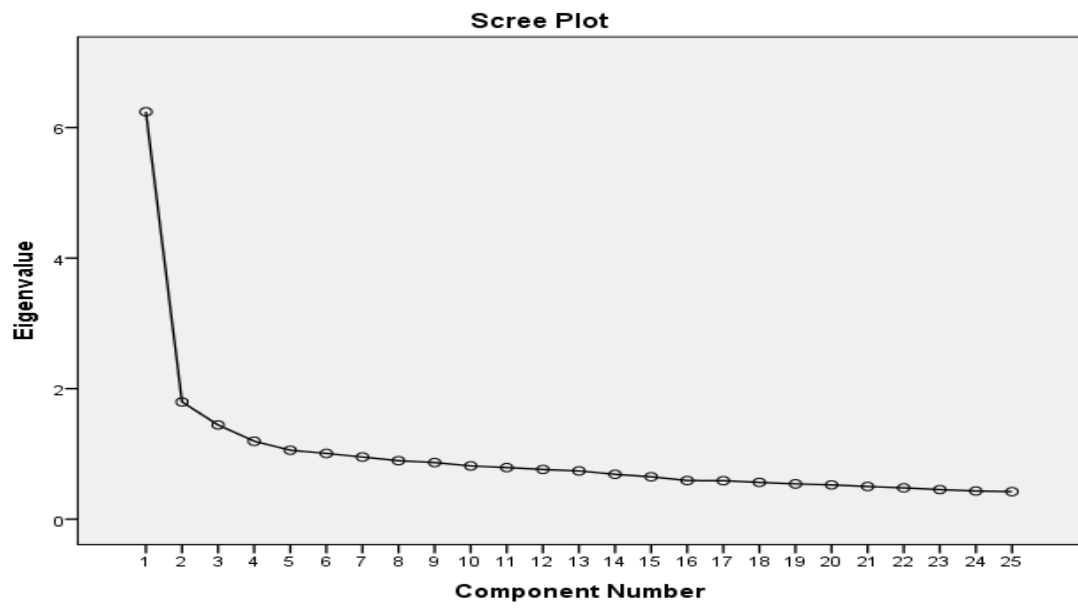


Figure 1

Scree plot displaying eigenvalues

## Appendix E

Table 2.1

*Pattern matrix for three-component extraction following oblique rotation, direct oblimin*

Pattern Matrix <sup>a</sup>			
	Component		
	1	2	3
C18	.717		
C3	.692		
C15	.689		
C24	.588		
C21	.569		
C17	.457		
C6	.382	-.347	
C10	.359		
C7			
C11		-.692	
C22		-.671	
C20		-.650	
C9		-.551	
C16	.309	-.525	
C12	.301	-.504	
C23	.305	-.465	
C13	.390	-.448	
C25			
C8			.694
C14			.667
C5			.595
C19			.565
C4			.384
C2			.365
C1			.313

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 14 iterations.

## Appendix F

Table 2.2

*Pattern matrix for four-component extraction following oblique rotation, direct oblimin*

Pattern Matrix <sup>a</sup>				
	Component			
	1	2	3	4
C17	.667			
C13	.657			
C12	.576			
C23	.547			
C7	.519			
C6	.507			
C25	.466			
C10	.380			
C20		-.703		
C22		-.661		
C9		-.631		
C11		-.615		
C16	.367	-.369		
C8			.678	
C14			.666	
C19			.556	
C5			.550	
C4			.358	
C2			.331	
C1				
C18				.807
C3				.716
C15				.675
C21				.604
C24	.319			.486

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 11 iterations.