



## **Children and Work Research Series: Session 8**

### **Young Carers: Views on Child Labour and Family Caregiving**

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#### **Presentation Abstract**

This presentation will reflect upon the discourse of the global phenomenon known as "young carers" through the perspective of child labour and family care and caregiving. Young carers are children and young people who provide unpaid care, support, and assistance to disabled or ill family members and friends. Young carers typically provide a wide range of care : intimate, emotional, financial, and physical support, with many beginning their caring role during the early childhood years. The level of awareness, dedicated policy, and formal support varies across Europe, North America, and Asia—where the majority of research with young carers is conducted—however, young carers remain a generally hidden, underresearched, and underserved population of youth. Their contributions to family life are invaluable and the safety net of social care systems in many countries across the world, however the debate remains ongoing in respect to their position as child workers or simply "helpers" in the home. This presentation will offer critical rationales for examining the activities of young carers as "work" and the implications for global policy and practice.

#### **Speaker Bio**

Dr. Feylyn Lewis grew up as youth caregiver for her disabled mother. Her experience led her to want to change the world for other children with caring responsibilities. In 2013, she moved to the United Kingdom to obtain her PhD in Social Work, studying young adult caregivers in the US and UK. Dr. Lewis is the program manager for the Students for Health Equity program at Vanderbilt University's School of Nursing, where she leads research on food insecurity and nutrition with refugee children. She also continues to practice as an independent researcher and consultant. She is a Caregiving.com Champion, representing caregivers in the Nashville area.

Dr. Lewis served as the Hunt Research Director at the National Alliance for Caregiving during spring 2021. Dr. Lewis recently completed a post-doctoral research fellowship at the University of Sussex, where she co-led the United Kingdom research activities of a nearly €4 million European Commission funded research project to investigate the mental health well-being of



adolescent young caregivers in the United Kingdom, Switzerland, Slovenia, Italy, the Netherlands, and Sweden.

Prior to her research career, she was a nationally certified mental health counselor. She presently sits on the board of trustees for the Carers Centre for Brighton and Hove, the National Advisory Council for the American Association of Caregiving Youth, and numerous international research advisory committees. She resides in Nashville where she continues to provide care for her mother.

Breakout Rooms Report:

### **Breakout Room 1**

Research on child carers has been very limited. UK (and England in particular) have led the way in researching what child carers do and their needs. Other European countries and North America have followed, but information is very thin in the wider world. It is crucial to document the range of caring activities of children prior to developing policies and strategies towards them.

Caring activities of children are not necessarily more dominant in developing societies or in the lower socio-economic classes of society. But the kind of caring activity that children generally undertake varies widely with the surrounding circumstances of the children. For example, children in richer families may not have to undertake physically heavy tasks of caring, but they may provide significant emotional support.

The discussion on approaches to child carers revolved about how caring should be classified and recognised. How we label particular caring activities might depend on what we are aiming to achieve.

In many cultures – and indeed in human nature – caring is what people do naturally. It is a component of human relations, and caring can be properly understood only the contexts of the relationships in which it takes place. To classify caring activities as work can obscure emotional and relational dimensions. To classify some caring activities as work while ignoring others can also be problematic. Saul Becker's continuum should be understood in a multi-dimensional way, pointing to the fluid and varied nature of caring activities, and defying neat classification.

Nevertheless, there are situations in which certain persons acquire an unusually heavy burden. If the value and the burden (where it is such) of caring are not recognised, this can lead to certain people being exploited. It is important to recognise and respect the caring activities of young people in all their variety.

Recognition of the caring contributions of children can come in a variety of forms. While monetary compensation is not always the most appropriate, there are situations (perhaps cultures) in which



value is principally expressed in monetary terms, and if young carers are denied the monetary compensation that is granted to others, they can appear undervalued. On the other hand, the non-monetary value of, for example, emotional support needs also to be recognised.

In UK various kinds of organised support have been developed, including regular respite, which ease the burdens on young carers, while allowing them to continue to maintain their caring relationships.

Enabling young carers to meet and share experience can be an important form of support (as it is in other forms of children's work).

## **Breakout Room 2**

Question around the gender inequalities in care work – more girls are drawn to care work, dropping out of school, giving more time, and having an impact on the life cycle when they can be left out of the labour force. With this in mind – is it a « good society »?

In Surinam, this is the case that boys have no home related chore responsibility – “they don't do anything”. It does affect girls opportunities. There is an extra burden on girls.

If care work is paid, what would that enable, what would be possible? If girls and women would be paid. What kind of support would carers need rather than prevent them from caring. The question of whether care is a sign of good society should be “are the negative consequences of care work” a sign of good society.

We live in a society that only gives values to people that generate money – as care work is often unpaid, it is less valued.

Children are not heard in the US. Globally the tendency is that when men qualify success, men would see importance on earning money. While women were using money to care for their family, and if they had more to extended family and then to community. They have a different set of values.

It doesn't solve the problem of money being the defining value, but an interesting approach in the US was to grant children's their voluntary hours when they are young carers, so they could use this recognition in their further pursuits.