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“I REALISED THAT I WASN’T ALONE”: THE VIEWS AND EXPERIENCES OF YOUNG CARERS FROM A SOCIAL CAPITAL PERSPECTIVE

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Key words: young carers, social capital, family, friends, school.

INTRODUCTION

Social capital theory is of increasing interest to sociologists of childhood, youth and youth transitions, and yet it is very much an ‘adult’ concept, created by adults for adults, with children as the passive recipients of primarily parental social capital (Holland et al. 2007; Morrow, 1999). Commentators (see, for example, Boeck et al, 2006; Harpham, undated; Morrow, 1999) are increasingly questioning this ‘top down’ approach where it is assumed that the accumulation of social capital amongst children is solely as a result of investment by parents (preferably two parents living together). One particular group of children and young people who turn this top down argument on its head is young carers, who at a young age can take on varying levels of responsibility – and therefore invest social capital - in caring for ill or disabled parents or other family members.

This article briefly describes the situation for young carers generally in the UK before exploring the views and experiences of 20 young carers in Scotland from a social capital perspective, in terms of how they experience and negotiate their family, school and social lives as young people caring for ill or disabled family members. Although Holland et al (2007: 113) suggest that bonding and bridging social capital are ‘interwoven and interdependent’, this article argues that bonding and bridging social capital tend to be the discrete resources of different social networks which are kept separate by young carers as a means of ordering and negotiating their everyday lives. This article also suggests that young carers gain bonding social capital from family and friends but are limited in their access to bridging social capital. Whereas school is seen as the main arena for bridging social capital amongst young people, young carers in this study tended to be ambivalent about school, instead gaining greater opportunities for bridging social capital from young carers projects which offer them respite from their responsibilities in childhood.

YOUNG CARERS IN THE UK

Young carers are a hidden population in Britain, and their numbers difficult to estimate. The 2001 Census suggested that there were 175,000 young carers in the UK, with 37,816 in Scotland, 44 per cent aged 5-17 and 56 per cent aged 18-25. However, the Census is completed by parents rather than children and studies which have asked children directly about whether they are young carers suggest that the number may be as high as 250,000 in the UK, with over 100,000 being in Scotland (Williams, 2010; Scottish Government, 2010). It is also suggested that the majority (56%) of young carers come from single parent families where there are no adult relatives living nearby (Dearden and Becker, 2004), and that the majority come from disadvantaged family backgrounds where ‘buying in’ care is not an option (Gentleman, 2010).

Rose and Cohen (2010) offer varying definitions of a young carer, but highlight one in particular which encompasses the perceptions of young carers themselves:

... a young person aged 5 to 25 whose life is affected by the illness or disability of someone in his or her family... [who] may care for relatives who have a physical or learning disability, mental health problem, chronic illness or drug or alcohol misuse problem (Cree, 2003, quoted in Rose and Cohen, 2010: 474).

Two young carers themselves explain their role as follows:

We do jobs such as shopping and make decisions, like about what we eat and when we eat. We cook, clean, face the people in housing and council departments when our parents can't or won't do it. We face teachers and our friends and deal with keeping our home lives secret (Henry and Morton, 2005: 267-268).

With many families being in receipt of benefits and unable to work because of illness or disability, and with the majority of young carers living in single parent families, such young people are more likely to be living in poverty, thus exacerbating their access to goods, services and support. Young carers are by definition living with difficult home circumstances, with low confidence and self esteem, making the formation of relationships outside the family particularly difficult. They often experience even greater social isolation than other disadvantaged young people because their caring roles leave little time or opportunity for leisure activities or friendship networks. Equally, the caring role when taken on by children can often result in marginalisation and mental health problems (Dearden and Becker, 2004). Some young carers rarely leave their homes except to go to school, and often their school work is disrupted by their caring duties, leaving them additionally disadvantaged in terms of educational outcomes.

Young carers are also vulnerable to being admitted to state care if their family member is hospitalised or dies. The Department for Children, Schools and Families (2009) has estimated that some 5 per cent of young carers in 2008 are admitted to state care because of parental ill health or disability, and Dearden & Becker (2000) suggest that this is the third most common reason for being admitted to care in England. Whilst there are no equivalent statistics in Scotland, over a third of young people admitted to state care in Scotland do so because of a lack of parental care, although this includes physical and emotional neglect as well as parental ill health. Rose and Cohen (2010: 474) suggest that young carers may be 'silenced' because of the risk of stigmatisation or discrimination, or because of a fear of being separated from their families. This may result in young carers and their parents not seeking professional help from formal services (*et al*, 2002) because of the possibility of adverse consequences - for themselves of being taken into care or for their ill relative who may lose their support.

Social networks can thus be limited in families marred by illness, marginalisation and death, by disadvantage, by the negative perceptions that many young carers have of 'supportive adults' such as teachers or health professionals, and by their resultant recourse to self-sufficiency and responsibility taking. Young carers may take on more

family responsibilities than most young people in childhood and may have to cope with often adverse reactions from peers, professionals and the public as a result of their family circumstances, their caring role and even their status as ‘young people’.

For all of these reasons, an exploration of the views and experiences of young carers about their lives, friends, schooling and expectations for the future was seen as a way of testing the extent to which social capital helps or hinders an understanding of young carers networks and sense of belong compared to other young people.

TOWARDS A CHILD-CENTRED VIEW OF SOCIAL CAPITAL

Whilst the term ‘social capital’ was coined by a schools’ reformer, Hanifan, in 1916 to denote the ‘good will, fellowship, sympathy and social intercourse among the individuals and families who make up a social unit’ (cited in Putnam, 2000: 19), only in the last 30 years has it become a popular means of describing community cohesion, community participation and social networking, with three main proponents: Coleman, Putnam and Bourdieu.

To Coleman (1988), social capital includes obligations, trust, expectations, norms and information-sharing. He implies that social capital is rational and utilitarian, and if proving more damaging than beneficial, then that particular source of social capital will cease to be utilised. Coleman suggests that the social capital generated in families results from parental care and attention given to their children, and that one parent families, or families with a large number of children, could be seen as structurally deficient in terms of generating social capital (Coleman, 1988).

Putnam (2000) identified four strands of social capital as follows: a) civic community networks; b) a ‘sense of belonging’ to a civic community; c) norms of reciprocity and trust; and d) positive attitudes towards, and engagement in, voluntary, state and personal networks. He also identified two sub-categories of social capital: bonding social capital (exclusive and inward-looking group identities) and bridging social capital (inclusive and outward-looking group identities) (Putnam, 2000). Foley and Edwards (1999) add a third sub-category to these two, namely linking social capital, which they see as relationships with influential others which enable people to access resources that are otherwise unavailable to them. Catts and Ozga (2005) suggest that bonding social capital offers a shared identity, e.g., family bonds, and is a means of ‘getting by’. Bridging social capital builds relationships with other groups, e.g., for job opportunities and career advancement, and is a means of ‘getting on’. Linking social capital connects different status groups, e.g., linking individuals with agencies and services that are otherwise difficult to access, and is a means of ‘getting around’.

The French sociologist, Pierre Bourdieu, describes social capital as:

actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words, to membership in a group – which provides each of its members with the backing of the collectively-owned capital, a “credential” which entitles them to credit (Bourdieu, 1997: 51).

Bourdieu sees social capital as comprising valued relations with significant others which are generated through resources, networks and group membership. To Bourdieu, social capital includes not only social networks but also ‘sociability’ – ‘a continuous series of exchanges in which recognition is endlessly affirmed’ (1986: 250). He stresses personal networks and power relationships and focuses as much on agency and sociability as on structure and institutionalization.

Although Bourdieu, like Putnam and to a lesser extent Coleman, did not focus on children *per se*, his emphasis on sociability and recognition are important elements for children and young people, as will be seen from the study of young carers described below. Whilst all definitions of social capital emphasise shared norms between groups of people, they rarely acknowledge that such norms may vary by age and that children and young people may not wish, or be able, to share the same norms as adults. Definitions of social capital which highlight civic and political participation do not extend to children and young people by dint of their age and relative lack of power in society. For example, Putnam’s concept of social capital is seen as inappropriate to the experiences of young people, not least because young people tend to be excluded from civic participation (public issues) and instead develop their own individualised social networks (private issues) (Morrow, 2001; Raffo & Reeves, 2000). Morrow (2001: 2105) argues that because young people from more disadvantaged communities tend to draw on bonding rather than bridging social capital within such communities, they can only ‘get by’ rather than ‘get on’.

A STUDY OF YOUNG CARERS AND SOCIAL CAPITAL IN SCOTLAND

The study on which this article draws explored young carers’ views and experiences of their current lives within their families as well as in schools and local networks. The study involved interviews with 20 young carers across Scotland, 10 young men and 10 young women aged 12-23, about various aspects of their lives, including:

- their views and experiences of social networks, not only within their families but also within the school, within social care organisations and within the wider community;
- their perceptions of their caring roles in relation to family, school, friends and professionals;
- their past achievements and experiences of friendships and support networks as well as their future needs, aspirations, and expectations.

Accessing young carers is not an easy task, not least given the ‘hidden’ nature of this population. The small scale of the proposed research limited how the researcher accessed a sample, and it was decided to recruit young carers via young carers projects, which offer support, respite and recreational opportunities to young carers. It is acknowledged that this particular sub-sample of the overall population of young carers will have arguably greater access to social capital (through attendance at such projects), but there was at least consistency in the sample because all 20 were accessed through such projects.

The research explored with young carers issues relating to friendships, supportive relationships, family versus wider networks and the ‘dark side’ of social capital as well as its benefits, although the concept of ‘social capital’ *per se* was not overtly

raised with respondents. Morrow (1999: 744) has suggested that: 'social capital is an elusive concept', and not only is it inherently difficult to define within academic circles, but also amongst children and young people. Hence, social capital was not mentioned to potential respondents in this study and they were only told that the aims of the research were to better understand the friendship and social networks of young carers, how they develop trusting relationships with others and what young carers' social and support needs and preferences might be.

Although the majority of young carers tend to be female (Dearden & Becker, 2000), it was seen as important in this study to sample an equal proportion of young male carers. Indeed, the five young carer projects which introduced the author to the Scottish sample had a relatively even mix of young female and male carers. Although the proportion of minority ethnic communities in Scotland is small, representation from these communities was encouraged in this study, although only one respondent identified himself as being from an ethnic minority background.

One-to-one semi-structured interviews were conducted with the 20 young carers who gave their prior consent to participate in the research. Given the sensitivity of the research questions, and the privacy afforded these young people within the Young Carers Projects, one-to-one interviews were deemed more appropriate than focus group discussions, especially in a sample of this small size. It was also felt that one-to-one interviews would elicit more exploratory data than, for example, self-administered questionnaires. Interviews with young people also elicited retrospective as well as prospective views on experiences of caring, support and social networks, perceptions of self and significant others, and aspirations for the future. The interview included paper exercises to help maintain interest and understanding of the topics covered. Interviews were tape recorded, with the permission of the interviewees, and transcribed in full.

Characteristics of the sample

Six of the young men were aged 12-14, 3 were aged 15 or 16, and one was aged 23. Two of the young women were aged 14, 7 were aged 15 or 16 and one was aged 22. Hence, 18 of the 20 respondents were aged 12-16. The types of illnesses or disabilities that required their care included mental or physical disabilities, mental health problems, ADHD, alcoholism and physical illnesses. The majority of these young carers were looking after their mother specifically, although in two cases, both parents were ill or disabled, and some were looking after siblings with disabilities or ADHD. The types of caring role that they took on included looking after younger siblings (whether or not these siblings were the family members for whom they cared), shopping, doing housework, cooking, attending to medication or physical care tasks and offering emotional support. One young person described caring as 'normally just a reaction... an instinct' (15 year old male) and another said 'It doesn't really feel like a chore, because rather than feeling I have to do it, I feel I want to do it (16 year old male). Nine respondents suggested that they cared primarily for their mothers, 4 for one or more brothers or sisters, 4 for both parents, 2 for their father and one for a stepfather. Often these young people cared for two or more family members with illnesses, disabilities or other problems, and this resulted in them taking on multiple roles and tasks with different individual family members. Their caring role often

extended unofficially beyond the family home to friends, other peers and other relatives living elsewhere who sought help of a practical, medical or emotional nature.

Several respondents mentioned not only the tensions arising from taking on a caring role within the family, but also the tensions arising from being an adolescent growing up in a family affected by illness or disability. These young people had taken on a range of responsibilities from an early age, one young woman since the age of 4, and they tended to feel more protective of their families and more mature within themselves as a result. One young man explained it thus: 'I'm 20 but I'm only 12'.

Ethical considerations

This project involved vulnerable children and young people and close attention to ethical considerations was therefore of paramount concern. First, a short, clear, jargon-free summary of the research was produced to inform potential participants. This was distributed via the young carers projects and was subsequently reiterated at interview by the researchers to explain the nature of the research to individual participants. Respondents were given the opportunity to withdraw from the research at any point during the fieldwork period, although none did so. Secondly, all identifying information from transcripts was removed and respondents' details were anonymised in the report. This was deemed to be particularly important given the relatively small sample, the uniqueness of the respondents' circumstances and the sensitivity of the subject matter. Thirdly, the researcher familiarised herself with the various supportive agencies that could advise and assist young carers who expressed concerns or requested information and support during the course of the research process. The researcher also ensured that support was on hand both during the interview and afterwards from project staff, should respondents feel upset by the discussion. Finally, for the safety and comfort of respondents, one-to-one interviews were conducted in young carers project offices at times that suited both the young person and the project staff. This tended to be before, during or after a young carers group meeting in the early evening, and an office was made available for the interview which allowed for confidentiality but was close enough to staff to ensure that the young people felt safe and at ease with the interviewer.

THE SIGNIFICANCE OF SOCIAL NETWORKS FOR YOUNG CARERS

All young people need sociability, support and a sense of belonging (Morrow, 2001), and young carers are no exception. Compatible with Cree's (2002) finding that young carers tend to share their problems mostly with their mothers, friends and young carers project staff, the people most commonly cited by these respondents as being positive influences in their lives were family (not just mothers, but both parents/step parents - living or deceased, siblings, cousins, aunts and uncles); friends; some teachers and young carers project workers. Their views of how these people influence their lives are explored further below.

Family

Three-quarters of the sample (10 male and 5 female respondents) mentioned that they were particularly close to their mothers, including to a mother who had died, and 9 respondents (6 male and 3 female) suggested that they were particularly close to their

fathers, again including to a father who had died. Eleven of the 20 respondents stated that their parents had separated or divorced, but that they still kept in touch with the other party living elsewhere. Coleman suggests that social capital in families results from 'the attention given by the adults to the child. The physical absence of adults may be described as a structural deficiency in family social capital' (Coleman, 1988: S111). However, most of these young carers who lived in single parent families had positive experiences of moving between the two households of separated parents, as well as between households where grandparents or siblings lived elsewhere. Arguably, two households can create greater social capital than one.

Despite the onerous nature of the caring task for many of these young people, and however worrying in terms of what the future might hold for their family, being a young carer was seen as a definite bonding mechanism between the young person and his/her family. None of the respondents seemed to resent the role that they had as a young carer, although it may at times have caused arguments, tensions or distress within the household. Some respondents mentioned the death of a close family member in the last five years and there may well have been more young people in the sample who had experienced such a bereavement, but those who volunteered that information at interview obviously felt a particular loss as a result of the death. One young man whose aunt had recently died described her as 'more of the woman figure in my life' (14 year old male) and one young woman's mother, for whom she had been caring prior to her death some years ago, was described as: 'my best friend, my sister, my mother, all in one... my mum was my life' (22 year old female).

Some respondents seemed torn between caring for the living and grieving the dead, or between their care for the 'patient' versus other people close to them, as in one case, where a 12 year old young man's estranged father was seriously ill, but he felt guilty going to see him when he should be caring more for his disabled mother. Nevertheless, bonding social capital was prevalent throughout the whole sample in terms of closeness to and feelings of reciprocity within the family: 'They care for me and I care for them' (16 year old male).

I can talk to [my mum] about anything and she understands me and I don't ever need to lie to her or keep anything from her... she's one of my best friends (15 year old female).

However, the friendship generated between parent and child was protected by the young carer from the outside world mainly because of his/her wish to play down the role of young carer for fear of the potential stigma attached to having a parent dependent on them for physical or emotional support. Whilst their peers were often sympathetic to these respondents' roles as young carers, knew the family situation or were confided in about that young person's caring role, some respondents chose not to tell their friends, and often felt uneasy about inviting friends into the family home because of either embarrassment or wishing to protect the feelings or privacy of other family members. Two young carers whose mothers suffered from alcoholism commented about their friends: 'I wouldn't want [friends] to see my mum' (16 year old female), and '[friends] never came up when she was ill' (12 year old male).

Friends

The significance of friends in childhood and youth cannot be underestimated. Coleman (1990) suggests that friends take on a greater significance in adolescence than the family, and that many young people worry about upsetting their friends or endangering those often tenuous but positive friendship ties with peers. However, for young carers, there is a fine balancing act of maintaining their commitment and responsibilities to their families but also keeping close links with friends. Indeed, one respondent commented that 'your life's like a set of scales', balancing friends and school life with the caring role within the family.

Although the vast majority of these young carers were close to their families and despite their limited free time away from family commitments, they never seemed to tire of being with friends, as one respondent commented: 'you'd think if you spent that much time with someone, you'd hate them' (15 year old male). Friends featured large in the lives and loyalties of these young people and they tended to choose their friends because of common interests, common experiences (such as being a young carer) or feeling that they could trust and confide in some friends more than others:

My three friends, they've been like the best friends, like four years now or something and we're just like, we're always like there for each other and that and we always trust each other all the time (15 year old female).

Many spoke highly of their friends, who helped them to take their mind off the caring role. They were often torn between their home commitments and their desire to be out with friends, and often needed to juggle their responsibilities at home with the time available to see friends, which could sometimes result in emotional tension and feelings of guilt. Going to school provided an ideal opportunity to meet friends during the day. Although some respondents mentioned having friends in secondary school whom they had also been close to in primary school, most gave the impression that affiliations changed over time or that the move to secondary school precluded their continuing relationships with former primary school friends. Whilst some felt that moving away from an area or a school might lessen the bond between friends at that age, others felt that the friendship was strong enough to cope with such distance. However, friendship circles tend to lack durability at that age, not least for young carers who may move not only between primary and secondary school but also between towns and family members, which often does not help to sustain earlier formed friendships. Holland *et al* (2007: 102) imply that one needs existing friends in order to make new friends: 'having a stable base of bonds enabled many to bridge out to new friendships'. Indeed, for several of these young carers, changes in their home and school environments because of a family member's illness or disability, made sustaining friendships more challenging.

There seemed to be no difference between male and female respondents in their attitude to friends, and each had a mix of male and female friends whom they considered close. However, the young women tended more than the young men to mention the emotional bonds of friendship, whereas the young men were more likely to cite practical or leisure activities with friends as being an important bonding mechanism. Equally, several of the young women referred to friends as fulfilling a role of sister or brother that their own siblings could not fulfill because of their illness or disability:

My best friend... she's like my sister that I never really had kind of thing. Like, cos [my sister], you can't do her hair cos she's dyspraxic, you can't paint her nails and you can't put make up on each other, and me and [my best friend] are like, kind of replacement sisters (15 year old female).

School

School has often been seen as a source of refuge or respite for young carers (Cree, 2003). However, as well as being a place of education, school also serves as a primary meeting place for friends (Morrow, 2001). Indeed, for young carers school was often seen as an ideal meeting place for friends, when perhaps young carers were unable to entertain or visit their friends in the evenings and at weekends because of other domestic responsibilities. School was additionally seen (perhaps fortuitously!) as a centre of education and learning, as one young man pointed out: 'If it wasn't for school, we wouldn't have an education' (14 year old male). However, the comments about school and teachers were generally more negative than positive, with 13 respondents citing negative factors of school, 8 citing positive factors and 5 expressing mixed views. The young women were more likely than the young men to be negative about school and teachers generally, and to be more affected by bullying at school, not least where a young person was bullied because of being a carer or having a disabled sibling for example. The main criticisms, however, were levelled at the attitude of teachers rather than the quality of education *per se*. For example, there seemed, in several respondents' eyes, to be little justification for the aggressive or authoritarian approach of some teachers, as the following quotation illustrates:

They think they can do whatever they want. They think they can shout at you and give you more work, but I just can't take it... (16 year old female).

Some young people felt that teachers were not supportive enough of pupils who were behind or struggling with the work and a few respondents suggested that teachers could do more to encourage pupils to enjoy being at school:

I never hated anything more in my life... I hated it, it was horrible... It's just, if they give you the right help and they make it interesting, then you'll pass and you'll do well, but if you're bored with it and they just shout at you or whatever, you're just going to be like, whatever... (15 year old female).

These negative perceptions of school may have inadvertently or otherwise reinforced the bonding social capital gained from friends, since many suggested that school was primarily an opportunity to meet with their friends. Such negative attitudes to teachers may also reduce the likelihood of young carers gaining not only bridging social capital within the school setting but also linking social capital through the attainment of good grades and further education opportunities.

Of the young people who enjoyed school, most suggested that it was a particular teacher or the ambience of a particular school that helped them. One young woman who had resented moving to a third high school by the time she was in fourth year (because of family health problems) and hated it as a result, was now feeling very positive about school: 'I actually do enjoy school, it's quite scary!' (16 year old female) and she had decided to stay on until sixth year. This change of attitude came

about partly because of the new friends she had made at her most recent school but also because she felt her school work was improving following the further help she had requested from her teachers, again suggesting a form of linking social capital.

The role of school for young carers as opposed to young people generally, can be an ambivalent one: partly it can be a 'safe haven', away from the worries of the caring role, but also some respondents suggested that they wanted to keep school separate from that caring role, almost so as not to 'contaminate' that safe haven. One young man explained it as: 'my personal life is not in school... school is school' (12 year old male). Several respondents also suggested that they purposefully did not want the school to know they were a young carer either because they may get preferential treatment which they did not want, or because they may be treated more harshly, and the following quotation illustrates this dichotomy:

I'd rather them not know [I'm a carer]... If I was late and there was a reason I was late, then I can't just sit there and go 'it was because of this', because they're not going to believe me... [or] they might treat me different, and I don't want them to... they might give sympathy and I don't want it. I just want to be the same as everyone else (16 year old female).

However, some respondents singled out specific teachers who knew their situation and were supportive, understanding and would give an extension for homework if there was a change in the circumstances at home that prevented the young person from doing school work.

My guidance teacher, he knows a lot about my situation which other teachers wouldn't, so when I've no time to do homework or whatever, he'd be able to sympathise with me and make some sort of agreement with me, whereas other teachers just say 'oh, no, you're just at it now' sort of thing (14 year old male).

Nevertheless, some teachers were either not adept at understanding, or perhaps were not given the discretion to accommodate the needs of young carers, as the following quotations suggest:

With teachers, you're always conscious if you say something, it'll get blown out of proportion or they'll go and phone your mum or something... teachers try too hard to relate to pupils instead of relating to pupils' problems... they're trying to be like us rather than understand us (15 year old female).

There's a wee bit more understanding [at school] about young carers but there is still room for improvement. School was brilliant *when* my mum died. They understood everything... 'oh, your mum's died, oh we can do this, we can do that, and we can do the next thing for you'. Eh? What happened *before* my mum died?... I think it's more sort of black and white when there's a death (22 year old female).

The majority of these young carers seemed wary of confiding in teachers about their problems, because they felt that teachers could not be trusted in the same way as a 'neutral' friend could to 'keep a secret', or alternatively that their request for help might be taken out of their hands and dealt with by adults without their consultation.

Hence, the likelihood that young carers may want to separate out their school life from their family life and from their social life. This separating out of different groups was partly as a result of suspicion of the motives of adults and partly as a result of young carers' perceived capacity for resilience and self-sufficiency. As one young man aged 15 explained: 'I don't think I need support as such... I try not to depend too much on other people... I don't go around talking to strangers about my life'.

Bridging and bonding social capital were less likely to be generated where adults were perceived to be more of a threat than a support. These young people also commented in this guarded way about neighbours and indeed social care professionals, suggesting that they did not feature significantly in their families' lives, and where they were mentioned, they did not seem to be viewed in a particularly positive light, either because they knew too much, were unable to offer practical help, or enquired too much about the family. The only 'adults' that these young carers spoke highly of were those who did not so much help them to 'get by' or to 'get on', but more so to 'get away'. These were the workers from young carers projects, as illustrated below.

Young carers projects

Bassani (2007) has noted that there is a dearth of literature on the impact of youth organisations both as a source of social capital to young people and an influence on their wellbeing. Young people generally do not gain social capital from community groups and organisations, other than where those community links are specifically delivering support services to young people, as is the case with young carers projects.

In two studies of young carers in Scotland, Cree (2002; 2003) interviewed 61 young carers and found that the vast majority felt a need for greater support in their caring role as well as in their role as emerging adults. Likewise, Banks *et al* (2001) identified four key needs of young carers in Scotland: 1) information on medical conditions and services; 2) individual support and counselling; 3) practical help; and 4) social contacts/activities. These latter authors found that whilst the caring role could adversely affect young people's attendance and performance at school, there were few education-related systems in place to tackle these issues.

In the present study, young carers projects were seen as crucial in helping these young people in both practical and emotional ways, to deal not only with other family members' issues but also their own problems in growing up as young carers. The projects that these young people attended, albeit often only once a fortnight or once a month depending on the funding and staffing of such projects, were spoken highly of by all respondents – perhaps not surprising given that they were all voluntarily attending such projects at the time of interview. The reasons why they viewed these projects so positively were three-fold: a) because of the sociability aspect of attending; b) because of feelings of 'release' from the home situation; and c) because of the emotional support they received. These three factors are explored in greater detail below.

Sociability

Undertaking activities and going on outings with friends at the project were seen as primary attractions of attendance at a young carers project. Activities and outings are

a means of forming a common bond with peers for all young people but can also be a means of relieving boredom for young carers with few alternative leisure opportunities because of their responsibilities within the home environment:

I like it. It helps me get out and that... my mum worries when I go out... she knows when I come here, I'm safe and I'm with friends and that, so I like it (14 year old female).

These young carers often described their young carers project as 'a laugh' and somewhere where they could meet new people as well as existing friends. They also spoke highly of the staff, who were 'there for you' when needed, suggesting not only bonding social capital from peers but also bridging social capital from adult workers.

Boeck *et al* (2006) identify two groups of young people: those with tightly bonded social networks limited to the home, the street and the local park, for example, and those with more diverse social networks which included the school and further education. However, the latter group could also include community support networks such as young carers projects, where young people can meet new friends, gain advice and support from adult workers and move outside their home territory for sociability and activities.

Feelings of release

Not only was a young carers project somewhere where these young people could meet socially, enjoy new networks and activities and be offered emotional support, but it was also somewhere away from the family situation and the caring role and enabled them to get out of the house and into new and supportive surroundings, if only intermittently. Many young people spoke of the 'respite' element of attendance:

It gives me a break from my little brother and [the staff are] really helpful and if I'm in trouble, if I'm upset, then they're there and they talk to me and it helps me (16 year old female).

They always take us places and get us out of the road for a wee while, so it takes your mind off all the stuff at home (14 year old male).

You come here to forget about it all really. It's just in the back of your mind, but you know if you did have to talk to someone, they would be happy to talk about it... they know the situation I'm going through (16 year old female).

There were mixed feelings amongst many respondents, however, about whether or not they wanted to use the project as a means of either forgetting or confronting their caring role, with some saying they did not like to talk about caring at the project, but to use it as a form of release, whereas others suggested that talking about it to staff or other young people was in itself a form of release, as the following sub-section illustrates.

Emotional support

The emotional support offered by the project was seen as an important aspect of attendance, and also enabled these young people to empathise with other young

people in similar situations to themselves, something they could not easily do with friends who had no caring role themselves:

We can, like, relate to each other, if you know what I mean, with like problems we have or something. We're kind of the same, that's why we're all here (15 year old female).

When I was younger, it was a lot harder to explain to people why I couldn't do things and why I couldn't go out, because I was embarrassed to explain my situation... you kind of felt like there was nobody out there in the same situation as you. But when I came to Young Carers I realised that I wasn't alone (15 year old female).

[At the project] there are lots of people that are in the same situation as you. And friends at home, they don't understand that you have to go home and care for your mum and dad, because their mum and dad actually care for them. But here, many people are in the same situation so it's a lot easier to talk to people (16 year old female).

There is no doubt that young carers projects enhance the wellbeing of young carers through offering them not only the chance to access social capital to 'get by' and to 'get on', but also a means to 'get away'.

It is interesting to compare the role of friends within their own communities who are *not* carers, with acquaintances they meet at young carers projects who *are* carers. These two friendship groups tend to be kept separate, almost protected from each other for fear of contamination. With their friends, these young carers can be 'normal' children, free from the responsibilities of caring for adults. However, with other young carers, they can empathise with each other and discuss issues about their roles and the challenges of caring without fear of recrimination or ridicule. Whilst young carers projects could be seen as offering bridging social capital, in terms of getting young carers out of the house and into a new setting with new acquaintances (getting on), they are also identity groups, and as such could more appropriately be termed as groups offering bonding social capital (getting by). However, it may be more relevant to describe these groups as 'getting away', and hence neither bridging nor bonding, but a form of 'respite' social capital.

DISCUSSION

Holland *et al* (2007) argue that staying within the 'comfort zone' of the family network is often a positive, not a constraining, source of social capital for young people and that they often positively choose to remain within that closed or narrow network. However, having said that, some of the young people that these authors interviewed suggested that bonding social capital was stifling and that they wanted more social mobility (bridging social capital) than was available within the home environment. Certainly for young carers the latter seemed to be the case, as school, friends and young carers projects were seen as a welcome relief, a form of respite ('getting away') from the confines of their familial role. Equally, they often cited their caring role as a barrier to 'getting on' and achieving their goals for the future.

The fact that parents may not interact with the activities of a young carers project (the emphasis of the project may be on the respite element for young carers of 'getting away' from the parental home for a while), and the fact that young carers may not want to bring friends home, both may also conspire to reduce the availability of bridging social capital for these young people. Family, friends and young carers projects are all kept separate (mainly through choice but also through necessity), and different types of social capital pass within but not between each of these three social circles of family, friends and young carers projects. The closed nature of these three groups, coupled with these young people's perception of themselves as being self-sufficient and able 'to cope' with their caring role, might make the generation of bridging or linking social capital all the more difficult. They also had limited involvement with, or trust in, 'outsiders' such as teachers, doctors and social workers, exacerbated perhaps by their seeming desire to protect their family and themselves from outside interference or scrutiny.

Whilst in this study, young people seemed to offer to, and receive from, their peers certain resources which could bolster social capital (trust and confidences, for example), they had mainly negative or dismissive views of adult 'outsiders', such as teachers or professionals, possibly resulting from a fear of losing control or being seen as dependent. Markers of adulthood for young people often include accepting responsibility for themselves and others and becoming independent of adults. Sennett (2003) suggests that self-sufficiency gains one respect through not being seen to be a burden on others. However, Sennett also acknowledges that self-sufficiency can go against the need to belong to a group through mutual ties of inter-dependence and sharing. In wanting to become adult and to gain respect, young carers may not acknowledge their limitations or fully grasp the offer of support from outside agencies. Hence, bridging or linking social capital may not seem so crucial to young carers who have built up the resilience to cope on their own. Boeck (2007) suggests that young people who demonstrate a balance between dependency and autonomy may have more opportunities for gaining bridging social capital. However, young carers have somewhat of an imbalance of dependency and autonomy – they are less dependent on their parents (and for some the dependency role is reversed) and they are more autonomous than many other young people their age because of that lack of dependency.

Young carers are often called 'the parental child' (Minuchin et al, 1967, quoted in Rose and Cohen, 2010: 475) and their caring responsibilities represent 'role reversal' (Earley and Cushway, 2002, quoted in Rose and Cohen, 2010: 475). Children have a relatively powerless position in families and indeed within the wider community, and yet young carers adopt a position of power when caring for an ill or disabled relative. However, reactions to their caring role from adults reflect their powerlessness as children first and foremost, rather than as carers *per se*. The relatively low status of children and young people can restrict their access to durable friendship networks, as a result of the transience of youth and rapid developmental change. Cree (2003) found that young carers struggle with maintaining friendships and a social identity in youth. Indeed, young people tend to experiment with both adult and peer relationships at this time in their lives, and perhaps more often than adults need the feedback from others – through bonding social capital - to develop their own sense of self- and social-identity.

CONCLUSIONS

Community care policies often assume that care for ill or disabled relatives can be provided by other family members, friends and neighbours, with little acknowledgement of the young age of many such carers. In effect, the Government relies on social capital generated within the local community to augment its policy goals. Whilst there is a wider debate about the role of the state in providing home-based care services, the issue for young carers in particular is that they have limited access to broader bridging and linking social capital because of their age, status and caring responsibilities. They may take on unprecedented amounts of responsibility in childhood for the welfare of vulnerable adults within the family, which in itself may give them significant access to social capital within the family, but this is usually at the expense of access to social capital within the school and wider community environments. These young people's social and spatial networks were restricted not only because of their age and status as children and young people, but also because of their additional roles as carers of other family members. Their role as a young carer exacerbated their already limited networks as young people and their equally limited access to geographical, leisure and civic spaces. Walther *et al* (2005, quoted in Boeck, 2007: 15) suggests that: 'For transitions to work, it is crucial that the socio-spatial structure of networks extends beyond the immediate context of everyday life and contains exit options from social origin'. For young carers more than other disadvantaged young people, these exit options are few and far between, with the obvious exception being young carers projects. Their social and spatial networks were predominantly confined to the home and the school, restricted by structural constraints on their choice of where and when to meet friends and when to be with their families. Depending on funding, young carers projects could only offer that 'exit option' to these young people on a weekly or monthly basis, thus limiting the extent to which these young carers could 'get on' rather than merely 'get away'.

Young carers often have to deal with uncertain diagnoses, disability and death; they have to juggle their responsibilities at home with their need for formal education at school and their wish for sociability with friends; and they have to take on adult responsibilities whilst still being children. Nevertheless, like all young people, they tend to demonstrate a high degree of resilience and build coping mechanisms to protect themselves, their families and their close friendships. Whilst the vast majority of them rarely seek formal support from the outside world, instead negotiating their family, school and social lives by themselves, they do have, and invariably acknowledge, the support of close friends, family cohesion and young carers projects in particular, all of which are a valued source of social capital. Although this study was limited to a relatively small number of respondents, their narratives have nevertheless thrown further light on the issues and challenges in understanding social capital in relation to minority or vulnerable groups such as young carers. As well as describing how young people can access social capital to get by, get on and get around, this study suggests young carers at least also access social capital to 'get away', a resource seemingly much needed by children and young people with the responsibility to care for their family.

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