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Relational Child & Youth Care Practice

(formerly *The Journal of Child & Youth Care*, established 1982) is committed to promoting and supporting the profession of Child and Youth Care through disseminating the knowledge and experience of individuals involved in the day-to-day lives of young people.

This commitment is founded upon the belief that all human issues, including personal growth and development, are essentially “relational”.

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Relational Child & Youth Care Practice

editorial

It’s ONLY words ...

Heather Snell

It is interesting to write an editorial about language; to use words to express ideas about words. Shapes on a page are simply marks, and sounds remain noise until meaning is attached to the shape or the sound. When meanings are attached, these abstract visual or audio objects become words which flow into language which then … well that is the question? Is human cognition the precursor responsible for language, or is language the determinant of thought? Or is sensory experience the seat of language; its creative force – the muse of meaning ascending though touch, sound, taste, smell, sight and the cycle of inhalation and exhalation?

Although I will leave the erudite discussion about connectiveness, linguistic determinism, and relativism to others, what I do know is that language is more than shapes on a page, or sounds heard. Language has power. I am struck by its force and impact every day. I am frequently held captive by my dependency on language; and I am troubled by the assumption that the meanings of words are universal. Examine the titles in this issue. Orthodox, transcendental, care, carers, significant carers, invisible, supervision and … the word love. All these words are carefully chosen to describe content and to lure the reader into wanting more. But behind these choices are supporting assumptions that ‘we all know what we are talking about here.’ After all, as RCYCP journal readers, academics, authors, and CYC practitioners we must share a mutual understanding of these concepts. Orthodox, transcendental, care, carer, significant, invisible, education and love? I think not.

Diving into the articles in this issue we find evidence of both the impact and deficits of language. In *General Profile, Social and Health Comparisons of High School Age Young Carers to Their Non-Caregiving Peers,* Grant Charles shares a fascinating representative study between young carers and their peers. He presents us with a much needed and updated profile of young carers suggesting that previous studies provided an 'incomplete picture' of young people. An *incomplete picture* – a phrase which seems to perfectly and ironically describe the insufficiency of language to describe in ways that satisfy our greater need for *visual* completeness. In *Conceptualizing Love in the Field of Child and Youth Care,* Libby Holmes writes about love – summoning the CYC field to find a consistent way to incorporate young people's experiences with love into practice. Holmes documents our professional ambiguity with the word love suggesting positive relationships and gift giving are synonymous symbols demonstrating that love exists. She details the professional discourse of fear associated with the word love. And yet … love is left undefined, assumed to be collectively understood by each reader. Is love a universal construct? In *Exploring the Role of Supervision for Child and Youth Care Practitioners in the Education System in Ontario,* Saira Batasar-Johnie explores supervision – a word fraught with disparate meaning. Saira writes that the participants in her study "struggled to envision what their ideal supervision process would be." I wonder about something even more basic. Across age, gender, culture, race, ethnicity - is there a universal understanding of this word supervision?

The graphic illustrations of Melissa Kendzierski in *Child and Youth Care Education: The Illustrated Edition* gives written language a spin. This graphic article uses colour, shape, intensity, and illustration to communicate the words that dominated the discussions at the Canadian CYC Education Day 2018. Formatting language in this way demonstrates relationships between the words, leaves space for abstraction, and sparks curiosity more so than sentences composed of straight lines of text. While conventional grammar and spelling might be assumed to be a 'universally' accepted standard, these rules are often prohibitive prescriptive codes of privilege. Graphics can change the shape of words; illustrations can reveal patterns neither heard in speech or seen in text. Dispensing with traditional grammar and syntax, spelling and format can illuminate relationships, priorities and values – aspects of the written word that are often invisible when language is reduced to text.

Juanita Stephen and Kiaras Gharabaghi further illustrate the troublesome nature of language in their article *Of Orthodoxies, Counter-Movements and Pragmatism: Exploring Transcendental Child and Youth Care in South Africa.* Referring to the 25 Characteristics of CYC (Garfat & Fulcher, 2011), Stephen and Gharabaghi observe that these 25 characteristics have had significant impact on CYC education and practice. They note these characteristics have influenced the orthodox CYC community – a community whose history is narrated by institutional forms of care, and the centrality of the idea of relationship. They note the orthodox community as part of a problematic, infrastructure of White supremacy and colonial processes calling out the orthodox community's reliance on ideas such as "love, engagement care, relationships and community [which are] not manifested universally." Is it that these concepts are not manifested universally, or is the more pressing problem that when used, the speaker or writer assumes a universality of meaning and value? Acts of love, engagement, care, relationships and community might well be universal, but the lexicon, vocabulary, value and meanings associated with these concepts are not.

Words are not the objects they describe. They are constructs that should not be mistaken for a universal reality. Words are personal, often arbitrary and frequently potent. American poet, actor, writer, musician, and activist Maya Angelou warns us that words "get on the walls. They get in your wallpaper. They get in your rugs, in your upholstery, and your clothes, and finally in to you."

Language has become convenient. And we have become lazy. We layer words with personal attributes informed by circumstance, and privilege but rarely stop to critically examine the assumptions, expectations and conventions attached to the words that become embedded in our clothes and eventually occupy 'us'. We toss words about assuming the understood universality of our layered vocabulary. While people who speak the same language can make themselves understood to each other, and thus experience a feeling of belonging – language at its core is a singularly egocentric act. We may recognize the need for inquiry and study when we learn 'another' language, but when using our dominant language, we habitually write, speak and listen as if 'everyone gets it.' The power of language is both personal and political. To assume the universality of vernacular creates a language of power and maintains the power of language. As an editor, an educator, artist and a relational practitioner I know words can be beautiful tools, but when used with presumption they can be dangerous and damaging. Be careful.

Heather Snell

has been involved in Child and Youth Care practice and education for over 30 years. From direct care in a variety of settings to CYC education Heather's practice and approach is often eclectic, drawing her to the 'in betweens', merging disciplines, and supporting collaborations. After teaching and coordinating the CYC and BCYC programs at Humber College for many years, Heather is currently part time faculty with both the Ryerson University CYC undergraduate and graduate programs, and with the University of Strathclyde MSc in CYC. She is also a member of the Child and Youth Care Education Accreditation Board where she chairs the Research Committee.

General Profile, Social and Health Comparisons of High School Age Young Carers to Their Non-Caregiving Peers

Grant Charles

Abstract

Despite an increasing number of studies there is still a great deal we do not know about young carers especially in comparison to their non-care giving peers. This can be attributed to a number of factors, although a large part of it is because studies of young carers are more often profiles of their specific attributes rather than comparisons to their peers who do not share the same duties and responsibilities. Many of the studies also involve carers who are accessing support services rather than those who are not. This may provide an incomplete picture of young people who take on significant care giving roles in their families. This article reports on the first large-scale representative study of the general profile, social and health comparisons between young carers and their peers. The data from the study was derived form the 2013 British Columbia Adolescent Health Survey.[1]

Keywords

family, provision of care, young carers, health comparisons, stress, support.

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[1] The author wishes to acknowledge the McCreary Centre Society for allowing access to the data and the British Columbia Office of the Representative for Children and Youth for financial support.

Introduction

One of the primary roles of a family is the provision of care to its members. Traditionally, this function was performed by adults within the extended family while children progressively contributed what they could according to their developmental abilities. More recently as families have generally grown smaller, the state has played an increasingly important role in the provision of care. This has worked relatively well in circumstances when there have been sufficient resources and a commitment on the part of governments to fulfill this role. Even with adequate resources though, families can come under tremendous stress when members are ill, incapacitated or absent. This stress has been compounded by the trend which has been towards ‘less government’, a decrease in resources due to fiscal constraints and the accelerated down-loading of services for financial, philosophical and ideological reasons and a subsequent downloading of responsibilities to families (Charles, 2011).

This downloading has placed a significant strain on some families although it has generally been assumed that the adults in the family will step forward to provide the necessary supports. This assumption ignores that fact that it is often the adults who are ill, incapacitated or absent. In these circumstances the only family members able to provide care are the children and young people. Until quite recently, these young carers have been all but invisible. We have been increasing our knowledge about the circumstances of these young people, although most of this is focused upon the short-and-long-term consequences caregiving has on the caregivers (Charles, Stainton & Marshall, 2008). In many ways we know little about how young carers compare to their peers on a number of health and social issues. Many of the studies involving young carers are qualitative in nature or of a sweeping ‘broad stroke’ quantitative variety. While the results of these studies are, of course, valuable, there has remained a need for more detailed information about the lives of young carers in terms of their own circumstances and how they compare to their non-caregiving peers. The lack of this type of knowledge handicaps the development of appropriate support services thus potentially contributing to the increased likelihood of negative outcomes for the young people and their families. This article reports on the findings regarding young carers of a major health survey in the Province of British Columbia in Canada.

One of the difficulties found when discussing young carers is the wide range of definitions used to describe these young people (Charles, Marshall & Stainton, 2010). The definitions vary in terms of the reasons why they become young carers, the context in which the caregiving occurs and the lower and upper age range for the caregivers. Early definitions stated that young carers were anyone under the age of 18 years who is a primary caregiver in the family due to parental illness, disability, or addiction (Stamatopoulos, 2015). This definition was later expanded to state that a young carer is a person under the age of 25 who is a significant caregiver in a family due to parental illness, addiction, disability or absence and who takes on responsibilities beyond what would normally be expected given cultural norms and age (Charles, 2014). Unlike the earlier definition, this one takes into account a wider range of reasons for the caregiving and acknowledges the cultural context in which caregiving occurs. However, for the purposes of this study, due to limitations of available room on British Columbia 2013 Adolescent Health Survey, young carers were defined as those youth who indicated on the survey that they took care of another relative on an average school day.

Regardless of which definition is used, young carers are those young people who are forced by family circumstances to take on caregiving roles that are beyond what would usually be expected of a person their age. The reasons for taking on this responsibility vary in terms of duration and situation. The causes may include parental illness, disability or incapacity due to a chronic or terminal physical illness, mental health concerns or substance misuse (Charles, 2011; Charles, Stainton & Marshall, 2011). Other causes may include parental absence through divorce, desertion or because of economic reasons (Charles, Stainton & Marshall, 2012). In the first two cases the remaining parent may be overwhelmed by the family circumstances and may need high levels of support. In the latter case, the parent or parents may have to work outside the home for extended periods of time to earn enough money to support the family or may have to work in distant locations, thus being away for extended periods of time. In many cases, there may be overlapping reasons. The unifying factor is that a young person is either voluntarily or involuntarily forced by circumstances to take on significant caregiving responsibilities within the family.

The responsibilities taken on by young carers depend upon the specific circumstances of the family. The responsibilities correspond to the needs of the family and so are dependent upon the level or type of distress and/or disengagement of the adults in the family as well as challenges being experienced by other members (Chalmers, 2012; Charles, Stainton and Marshall, 2011). Generally, the tasks involve caregiving duties related to domestic tasks, household management, personal care, emotional care, sibling care and/or financial or personal care (Joseph, Becker and

Becker, 2009; Stamatopoulos, 2018). Although young carers are found throughout society they often remain invisible and, as such, do not receive the level of support they require (Chadi & Stamatopoulos, 2017; Stamatopoulos, 2016). Caregiving can come with a cost. Young carers often, although not always, experience social, emotional, academic, physical and psychological consequences (Charles, Marshall, & Stainton, 2010; Lakman & Chalmers, 2019; Lakman, Chalmers & Sexton; 2017). The seriousness of the consequences can vary significantly from one young carer to another and is often dependent upon the type of care, the duration, individual personality characteristics, family dynamics and the level of external support provided to the family (Aeyelts, Marshall, Charles & Young, 2016; Harstone & Charles, 2012; Lakman & Chalmers, 2019; Yasmin, Charles, & Marshall, 2012; Waugh, Szafran, Duerksen, Torti, Charles & Shankar, 2015).

Methodology

This study used secondary data derived from the 2013 British Columbia (BC) Adolescent Health Survey (AHS). The McCreary Center Society conducts this survey every five years. McCreary is a non-profit society that conducts research to assist in the identification of the health and social needs of young people. The AHS monitors the health of young people by surveying high school students on a wide range of health related questions regarding the physical, social and mental health well-being of young people in grades 7 to 12 in public schools throughout the province. The 2013 study was the fifth one conducted since the survey was initiated in 1992 although this was the first time that the survey included questions regarding young carers.

There were 260,632 students enrolled in grades 7-12 in public schools in British Columbia at the time the study was conducted. Participation by the school districts was voluntary. The anonymous and confidential survey was administered in 56 of 59 school districts in the British Columbia, representing 98.48% of the total possible students. The sample design was stratified by classroom, geographic area and grade level. All of the students in each of the selected classrooms were in the sample, although not all students who were eligible took part in the study either because they chose not to or they were not at school on the day the questionnaire was administered. In total, 29,832 students from 1,643 classrooms in 443 schools participated and provided valid data. Student absence was the primary reason for non-participation. The data on the profiles of the young carers and the comparisons between young carers and their non-caregiving peers was analysed using standard statistical methods. All analyses were performed using SPSS Complex Samples. All differences noted in this paper were statistically significant at $p < .01$. The University of British Columbia Behavioural Ethics Review Board approved the primary study.

Results

This study is unique in the young carer literature for a number of reasons. One is that the results are statistically representative of the population being studied, and because of the sample size. The other difference is that it is the first large scale study that not only examines a wide range of health and social variables regarding the lives of young carers but compares them to their school peers. While it is an extensive study it still has limitations. It does not capture information about young carers who are in earlier grades nor it does it include early school leavers.

Demographics

Twenty percent of the students taking part in the Adolescent Health Survey self-identified as being young carers. This represented 16% of males and 23% of females. The majority of the students who identified as young carers were under the age of 15 (47%), 33% were 15 or 16 and 20% were 17 years of age or older. The majority of young carers were female (60% vs 49%). The highest number of young carers were under the age of 14 (47% vs. 39%). Eighty percent of the young carers were born in Canada.

Young people of non-European ancestry were over represented in the young carer population when compared to their non-caregiving peers while those of European ancestry were underrepresented. Young carers were more likely to speak a language other than English at home (24% vs 20%) although English was by far the most common primary language spoken by the young people in their homes. While most lived with their parents, a higher percentage of young carers lived with grandparents (13% vs 8 %) and other adult relatives (5 % vs 3%), had siblings (68 % vs 56%), lived with children other than siblings (2% vs 1%) and lived with parents who lived apart (10% vs 8%) than their non-caregiving peers. Overall, young carers tended to be female, younger and of non-European ancestry. Young carers were also more likely than their peers to have parents who worked away from their home communities (13% vs 11%).

Demographics	Non-carers	Carers
Female	49%	60%
14 years old or younger	39%	47%
Family background		
Aboriginal	9%	12%
African	2%	3%
European	55%	47%
South Asian	9%	13%
Southeast Asian	6%	11%
Latin/South/Central American	4%	5%
Speak a language other than English at home most of the time	20%	24%
Who live with most of the time		
Grandparent(s)	8%	13%
Sibling	56%	68%
Other children or youth	1%	2%
Other related adults	3%	5%
Both parents at different times	8%	10%
Parent(s) work somewhere else in BC/Canada	11%	13%

Academic well-being

Young carers reported being more likely to miss school than their non-caregiver peers due to illness (46% vs 41%), bullying (4% vs 3%), family responsibilities (20% vs 11%) or work (4% vs 3%). More reported difficulties with their teachers (12% vs 10%). Fewer young carers reported feeling safe at school (74% vs 79%). Overall, young carers reported higher rates of school absence, more conflict with their teachers and lower rates of feeling safe at school.

Academic well-being	Non-carers	Carers
Missed school in past month due to		
Illness	41%	46%
Bullying	3%	4%
Family responsibilities	11%	20%
Work	3%	4%
Any reason	56%	61%
Have trouble getting along with teachers	10%	12%
Feel safe at school	79%	74%

Physical health

Close to one-third of young carers (31% vs. 36%) rated their health as excellent although this rate was lower than their non-caring peers. Young carers were less likely than their peers to access medical care (12% vs. 8%). The most common reason for not accessing care was not wanting their parents to know (43% vs 35%). Among the other reasons given was a lack of transportation (15% vs 10%), because they were afraid that someone they knew might see them (21% vs 15%), they were afraid of what a doctor would say or do (34% vs 27%) or because they had previous negative experiences with the medical system (17% vs 10%). Approximately one-third (31% vs 25%) of young carers said they had a health condition or a disability. The most common issues were a mental or emotional issue (13% vs 10%) or a chronic medical condition (12% vs 9%). Other issues included sensory disabilities (5% vs 3%), learning difficulties (4% vs 3%) and behavioural struggles (5% vs 3%). A larger number of young carers, as opposed to their peers (30% vs 26%), reported having been injured seriously enough to require medical attention. Most reported having seen a dentist in the past year although this was lower than their non-caregiving peers (83% vs 85%).

In terms of sleep patterns, six percent of young carers reported that they had less than five hours sleep the night before filling out the survey vs. four percent of their peers. Just over one-tenth (11% vs 7%) reported going to bed hungry at least sometimes in the previous year. Approximately half (49% vs 56%) reported always eating breakfast on school days. Young carers were more likely to eat fast food (44% vs 40%) and traditional foods (44% vs 37%) and more likely to consume energy drinks (7% vs 5%) and coffee (29% vs 27%). They were less likely to eat vegetables or green salads (81% vs 83%).

More young carers engaged in purging behaviour (10% vs 7%) and binge eating (33% vs 26%) in the previous year than their peers.

Physical health	Non-carers	Carers
Rated health as excellent	36%	31%
Thought needed medical help in past year, but didn't get it	8%	12%
Reasons for not seeking medical services (among those who thought they needed them)		
Had no transportation	10%	15%
Afraid someone I knew might see me	15%	21%
Didn't want parents to know	35%	43%
Afraid of what would doctor would say or do	27%	34%
Had negative experiences before	10%	17%
Health condition or disability	25%	31%
Sensory disability	3%	5%
Long-term/chronic medical condition	9%	12%
Mental health or emotional condition	10%	13%
Learning disability	3%	4%
Behavioural condition	3%	5%
Other condition	2%	3%
Been to dentist in past year	85%	83%
Injured in past year	26%	30%
Slept less than 5 hours last night	4%	6%
Binge-ate in past year	26%	33%
Go to bed hungry because there is not enough food at home at least sometimes	7%	11%
Purged (vomited on purpose after eating) in past year	7%	10%
Always eat breakfast on school days	56%	49%
What students consumed yesterday		
Vegetables or green salad	83%	81%
Fast food	40%	44%
Traditional foods from background	37%	44%
Energy drinks	5%	7%
Coffee	27%	29%

Mental health

Young carers were less likely than their peers to rate their mental health as excellent (37% vs 41%). While reporting lower results than their peers a large majority of young carers said that they felt good about themselves (76% vs 81%) and felt that they were able to do things as well as most other people (84% vs 87%). Close to half of young carers (46% vs 53%) thought that they had been calm most or all of the time in the month prior to the survey. Approximately two thirds of young carers (63% vs 70%) reported that they were happy most or all of the time in the previous month.

A higher percentage of young carers reported having a specific mental health condition (21% vs 18%). The two most common issues were depression (12% vs 9%) and anxiety (10% vs 8%). Other conditions included PTSD (2% vs 1%) and FASD (1% vs <1%). A number reported that they experienced multiple mental health conditions (9% vs 6%). Young carers had higher rates of extreme stress (12% vs 9%) and extreme despair (10% vs 7%) than their non-caregiving peers to the point they couldn't function properly. They also reported higher rates of suicidal ideation (16% vs 11%) and attempts (10% vs 5%) as well as self-harm behaviour (20% vs 14%). When asked where they saw themselves in five years more young carers thought they would be dead (3% vs 2%).

Young carers were less likely to access mental health services (14% vs 11%). Among those young people who thought they needed mental health services but who didn't access them, young carers were more likely to be afraid of what they would be told (46% vs 40%) or didn't reach out for support because they had negative experiences with the system in the past (16% vs 11%).

Mental health	Non-carers	Carers
Rated mental health as excellent	41%	37%
Feel good about self	81%	76%
Able to do things as well as most other people	87%	84%
Calm most or all the time in past month	53%	46%
Happy most or all the time in past month	70%	63%
Had specific mental health condition	18%	21%
Had multiple mental health conditions	6%	9%
FASD	<1%	1%
Depression	9%	12%

Mental health	Non-carers	Carers
PTSD	1%	2%
Anxiety Disorder/Panic attacks	8%	10%
Extreme stress in past month	9%	12%
Extreme despair in past month	7%	10%
Considered suicide in past year	11%	16%
Attempted suicide in past year	5%	10%
Self-harmed in past year	14%	20%
Needed mental health services in past year, but didn't get them	11%	14%
Reasons for not seeking mental health services (among those who thought they needed them)		
Afraid of what they would be told	40%	46%
Had negative experiences before	11%	16%
Where see self in 5 years		
Dead	2%	3%
Home of own	25%	28%
Having family	12%	15%

Social well-being

There are significant differences between young carers and their non-caregiving peers in terms of social well-being. Young carers reported higher rates of school-based bullying. This included being teased (43% vs 36%), socially excluded (41% vs 33%) and physically assaulted (4% vs 3%). They also were more likely to physical assault another young person (4% vs 3%). They were more likely to be a victim of school-based bullying than their peers (38% vs 32%) and less likely to be a perpetrator (4% vs 5%). They were, however, more likely to be both a victim and a perpetrator of bullying (20% vs 17%). They reported higher rates of cyberbullying (18% vs 14%) and having been discriminated against in the previous year because people saw them as being different (81% vs 12%).

Young carers reported being more active in extracurricular activities on a weekly basis than their peers. This included participating in dance, yoga or exercise classes (22% vs 17%), art, drama, singing or music groups and lessons (29% vs 26%), clubs or groups (16% vs 12%), volunteer activities (23% vs 19%) or cultural and traditional activities (10% vs 6%). When they missed out on activities it was because they couldn't afford it (20% vs

13%), were worried about being bullied (8% vs 5%), had no transportation (21% vs 15%) or they were too busy (52% vs 45%). More reported exercising daily (18% vs 16%).

Social well-being	Non-carers	Carers
School-based bullying in past year		
Been teased	36%	43%
Been socially excluded	33%	41%
Been physically assaulted	7%	10%
Assaulted another youth	3%	4%
Type of school-based bullying experience		
Neither victim nor perpetrator	46%	39%
Victim, not perpetrator	32%	38%
Perpetrator, not victim	5%	4%
Both victim and perpetrator	17%	20%
Been cyberbullied in past year	14%	18%
Been discriminated against in past year because people saw you as different	12%	18%
Extracurricular activities on a weekly basis		
Dance, yoga, exercise classes	17%	22%
Art, drama, singing, music groups/lessons	26%	29%
Clubs or groups	12%	16%
Volunteer activities	19%	23%
Cultural or traditional activities	6%	10%
Exercised every day in past week	16%	18%
Missed out on activities because		
Couldn’t afford it	13%	20%
Worried about being bullied	5%	8%
No transportation	15%	21%
Too busy	45%	51%
Activity not available in community	13%	16%

Substance use

Fewer young carers had tried alcohol (41% vs 46%) although, among those who did, more tried it before age 15 than their peers (67% vs 64%). The same trend held for smoking tobacco (19% vs 21%) with more young carers who smoked starting before age 13 (26% vs 19%). Young carers were less likely to have tried marijuana (24% vs 26%) although more likely to have used prescription pills without a doctor's consent (13% vs 11%).

While young carers were generally less likely to use substances, among those who did they were more likely to have experienced negative consequences in the year before the survey (55% vs 51%). This included experiencing school difficulties (12% vs 8%), arguing with family members (16% vs 12%), getting into a physical fight (95 vs 6%), losing friends or breaking up with a partner (12% vs 7%) and/or having sex that wasn't wanted (8% vs 6%). Young carers were also more likely to have overdosed during the time period in question (3% vs 2%).

Both young cares and their peers reported a number of reasons for using substances the last time they did. Young carers reported that they last used substance to manage pain (9% vs 6%), to deal with stress (22% vs 19%) and to help alleviate feelings of sadness (22% vs 15%). Additional reasons include wanting to experiment with substances (33% vs 27%) and/or feeling pressed in to doing it (6% vs 3%). The only area in which they rated lower than their peers was using substances to have fun (60% vs 66%).

Substance use	Non-carers	Carers
Ever tried alcohol	46%	41%
First tried alcohol before 15 years of age (among those who had tried)	64%	67%
Ever tried marijuana	26%	24%
Ever tried smoking	21%	19%
First tried smoking before 13 years of age (among those who tried)	19%	26%
Used prescription pills without doctor's consent	11%	13%
Experienced one or more consequences of substance use in past year (among those who used)	51%	55%
School work or grades changed	8%	12%
Argued with family members	12%	16%
Got into physical fight	6%	9%
Lost friends or broke up with partner	7%	12%
Had sex when didn't want to	6%	8%
Overdosed	2%	3%

Substance use	Non-carers	Carers
Reasons for substance use last time		
To manage physical pain	6%	9%
Because of stress	19%	28%
Felt down or sad	15%	22%
Experiment	27%	33%
Pressed into doing it	3%	6%
To have fun	66%	60%

Discussion

This study utilized data from the 2013 British Columbia Adolescent Health Survey conducted by the McCreary Center Society. It is the first study of size that compares young carers to their non-caregiving peers regarding a range of health and social variables. In many ways the data, such as the information on substance use, provided through this study has not been captured before. In other cases results, such as the feminization of caregiving, have been noted in earlier studies (see Stamatopoulos, 2015). Finally, the study may have contributed to the confusion about the number of young carers in Canada. An earlier study found that approximately 12% of high school students (Charles, Marshall & Stainton, 2010) are young carers in contrast to the 20% found in this survey. While this study is statistically representative of students across the province there remains difficulties with having young people self-identify as young carers when the term is not widely known.

Young carers remain a widely invisible and unknown population in British Columbia and Canada. Despite a number of recent studies (see Stamatopoulos, 2015; Lakman & Chalmers, 2019) there remains a great deal we do not know about these young people as a group and in comparison to their non-caregiving peers. It is hoped that the data provided by this study will contribute to an increased knowledge of this population and be used to advocate for the development of relevant services for them. Young carers by the nature of their caregiving activities make a tremendous contribution to this society. It is time that they receive the support they need in order to have their needs met.

References

Aeyelts, R., Marshall, S., Charles, G. & Young, R. (2016). How care is negotiated between a young carer and a parent facing mental illness and addiction. *International Journal of Child, Youth and Family Studies, 7*(1), 65–80.

Chadi, N. & Stamatopoulos, V. (2017), Caring for young carers in Canada. *CMAJ, 189*, E925-E926.

Chalmers, H. (2012). The impact of caregiving: Is it who I am or what I do? *Relational Child and Youth Care Practice, 25(*2), 37-48.

Charles, G. (2011). Bringing young carers out of the shadows: A strength-based approach. *Reclaiming Children and Youth, 20(*3), 26-30.

Charles, G. (2014). Position paper on young carers. Vancouver, BC: BC Young Carers Research Group.

Charles, G., Marshall, S. & Stainton, T. (2010). Demographics, profiles and initial results from the British Columbia Young Carers Study, *Relational Child and Youth Care Practice,23(4), 64-67.*

Charles, G., Stainton, T. & Marshall, S. (2008). Young carers in Canada: An invisible population. *Relational Child and Youth Care Practice, 21*(4), 5-12.

Charles, G., Stainton, T. & Marshall, S. (2011).Young carers in immigrant families: An ignored population. *Canadian Social Work, 12*(1), 83-92.

Charles, G., Stainton, T. & Marshall, S. (2012). *Young carers in Canada: The hidden costs and benefits of young caregiving.* Ottawa: Vanier Institute of the Family.

Harstone, A. & Charles, G. (2012). Children of parents with mental illness: Young caring, coping and transitioning into adulthood. *Relational Child and Youth Care Practice, 25*(2), 14-Joseph, S., Becker, F. and Becker, S. (2012) *Manual for Measures of Caring Activities and Outcomes for Children and Young People (2nd edition).* London: Carers Trust.

Lakman, L. & Chalmers, H. (2019) Psychosocial comparison of carers and noncarers, Child & Youth Services (first published on-line January 2019).

Lakman, L., Chalmers, H. & Sexton, C. (2017). *Alberta Journal of Educational Research, 63*(10, 63-74.

Stamatopoulos, V. (2015) One million and counting: the hidden army of young carers in Canada*.* *Journal of Youth Studies, 18*,(6), 809–822.

Stamatopoulos, V. (2016) Supporting young carers: a qualitative review of young carer services in Canada. *International Journal of Adolescence and Youth, 21*(2), 178-194.

Stamatopoulos, V. (2018) The young carer penalty: Exploring the costs of caregiving among a sample of Canadian youth. *Child & Youth Services, 39*(2-3), 180-205

Yasmin, R., Charles, G. & Marshall, S. (2012). An analysis of responsibility, attachment security, and relationship efficacy among young carers. *Relational Child and Youth Care Practice, 25*(2), 48-56.

Waugh, E., Szafran, O., Duerksen, K. Torti, J., Charles, G., and Shankar, J. (2015). Is there a care gap for young carers in Canada? Edmonton community agencies' perspectives. *Canadian Journal of Family and Youth, 7*(1), 1-26.

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