

Special issue young people's caring practices in transnational families in Sweden and the UK: care ethics and wellbeing

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Published Version

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Suter, B., Evans, R. ORCID: <https://orcid.org/0000-0002-4599-5270>, Mas Giralt, R. and Mozetič, K. (2025) Special issue young people's caring practices in transnational families in Sweden and the UK: care ethics and wellbeing. *Population, Space and Place*, 31 (2). e70002. ISSN 1544-8452 doi: <https://doi.org/10.1002/psp.70002> Available at <https://centaur.reading.ac.uk/120402/>

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To link to this article DOI: <http://dx.doi.org/10.1002/psp.70002>

Publisher: Wiley

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Special Issue Young People's Caring Practices in Transnational Families in Sweden and the UK: Care Ethics and Wellbeing

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Received: 2 February 2024 | **Revised:** 28 October 2024 | **Accepted:** 23 January 2025

Funding: The work was supported by the Economic and Social Research Council [Grant Ref. ES/W001527/1] and FORTE [Grant Ref. 2020-01524], through the JPI More Years, Better Lives, Equality and Wellbeing across Generations.

Keywords: ethics of care | migrant children and youth | proximate and distant care | transnational families | wellbeing | young caregiving

ABSTRACT

Children are often regarded as 'dependents' within migration studies, rendering their care work invisible. Drawing on the ethics of care, this paper analyses young people's active roles in caring for family members in Sweden and the UK and for transnational kin, based on qualitative and participatory research with young people (aged 6–25). Many young people provided emotional support, language brokering and practical assistance to navigate care, welfare and immigration systems. Some young people engaged in higher levels of caregiving, often linked to inadequate formal care resources and the absence of a parent or extended kin who would usually be expected to provide care. Caregiving was often accompanied by gendered and inter- and intra-generational conflicts, which could impact on young people's wellbeing and competence to provide 'good care'. More awareness is needed of young people's crucial roles in filling the gaps in care, welfare and migration regimes in transnational spaces.

1 | Introduction

Children are often regarded as 'dependents' within the literature on transnational families and their active roles in providing care in destination and origin/third countries have been neglected. Furthermore, 'the family'¹ is relatively under-studied in the literature on institutional systems of welfare provision, with little attention paid to its differentiated nature. For example, 'the family/household' constitutes a crucial part of the 'care regime' in the 'care diamond', alongside the other nodes (the state, the market and the third sector) (Razavi 2007; Kofman and Raghuram 2010). Similarly, Levitt et al. (2017)'s

model of the 'resource environment' includes 'the family' as one of the four key sources of social protection, which individuals assemble across transnational spaces. Yet 'the family' is treated as an undifferentiated unit, with little analysis of the dynamics of family relationships and how informal caring roles and responsibilities (including young people's caring roles) may be necessary to fill 'state' gaps in social protection within increasingly restricted 'migration, welfare and care regimes' in many European contexts (Kilkey and Merla 2014). Declining welfare states and care deficits in many European countries, as well as the difficulties of accessing care and social protection due to migration-related issues, such as immigration policies,

(For Special Issue on Intergenerational Care in Transnational Families)

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legal status or language barriers, increase the pressures on migrant transnational families. This is particularly the case for transnational families with specific care needs related to disability, chronic illness and/or young or old age, which have often been overlooked within migration studies.

This paper seeks to respond to these oversights in the literature on transnational families and social protection. We recognise young people's agency in providing care in transnational families, both proximately and at a distance, for middle and older generations (parents, grandparents and other adult relatives) as well as intra-generationally for siblings and cousins. Our analyses of qualitative interviews and participatory activities with young people in the UK and Sweden suggest that young people's caring practices may be crucial in filling the gaps in care resources available to transnational families. Transnational family members are often geographically separated from extended family kin who would usually be expected to meet informal care needs, as they arise. Furthermore, young people's growing proficiencies in the dominant societal language, often at a faster rate than middle and older generations, may result in young people developing competence to provide care and constituting a bridge between adult family members and public institutions (García-Sánchez 2018). While young people's caring roles may be beneficial, high levels of young caregiving may result in negative impacts on young people's wellbeing and opportunities (Becker 2007; Joseph et al. 2019). In the UK, 'young carers'² have specific rights recognised by care policies with "widespread awareness and recognition of young carers amongst public, policy makers and professionals" (Leu and Becker 2017). However, in Sweden and most European countries, they are not acknowledged as a distinct group needing formal support. The UK's mixed economy of welfare means third sector organisations provide some support for young carers, while state support focuses on needs assessments and child protection. In contrast, Sweden's social democratic model relies on the state for universal formal care (Martinelli 2017), making children's caregiving roles less visible.

Owing to the large heterogeneity of our research participants in terms of age, family constellation, care needs and migration trajectory, we analyse the data across the Sweden and UK samples to draw out common themes and, where relevant, to highlight similarities and differences. As researchers have noted across a range of countries, the experiences of children with caring responsibilities are remarkably similar: "a young carer in the UK looks similar to a young carer in Australia, Sweden, Norway, and the USA – despite each country's welfare system being different." (Leu and Becker 2017, p.753; Evans and Becker 2009a).

The article thus analyses the views and experiences of children and young people (aged 6–25 years) who were members of transnational families living in Sweden and the UK. We use the term 'transnational families' to refer to family members from migrant backgrounds who share a sense of collective familyhood across borders (Bryceson and Vuorela 2002), with transnational ties to family members in one or more countries. We thus use this term analytically to acknowledge both the proximate and distant caring roles that emerge in this type of family constellations. We draw on the ethics of care (Tronto 1993) and

continuum of young caregiving (Becker 2007; Evans 2014) to analyse the range of caring practices that young people engage in and how these affect their wellbeing. We seek to make explicit how caring practices are shaped by the dynamics of migration and the transnational social field in which families are embedded (Levitt and Schiller Glick 2004).

We first discuss the literature on young caregiving and transnational families, followed by the theoretical approach and give an overview of the research methodology. The findings sections focus on young people's caring practices, perceptions and wellbeing. To conclude, we summarise the key contributions in relation to the ethics of care and continuum of young caregiving.

2 | Young Caregiving in Transnational Families

Most studies of migration and social protection focus on parents' obligations to care for their children (Kofman et al. 2011) and conceptualise children solely as 'dependants'. Research has shown that the provision of care is strongly gendered; women are usually responsible for informal care, including caring for children, the sick and elderly, and household chores (Tronto 1993). This norm can sometimes be weakened or even reinforced by migration. The growing work on transnational families has conceptualised care as reciprocal across the life-course, circulating among family members over time and distance (Baldassar and Merla 2014). Transnational parenting and the wellbeing of children 'left behind' have been a major focus of concern (Kofman et al. 2011). Children's perspectives are often overlooked, however, and scholars have failed to acknowledge young people as important sources of care for family members.

Research with young carers has estimated that 2–8% of all young people (up to 25 years) in affluent countries, including the UK and Sweden, provide care for family members to a significant extent (Joseph et al. 2019). It is recognised that young caregiving may affect a young person's emotional wellbeing and diminish their access to crucial social resources and opportunities, perpetuating inequality and disadvantage across generations (ibid; Magnusson et al. 2021). There is a tendency within the young carers literature to focus on negative outcomes of children's care work, although some studies argue for a resilience perspective that captures positive benefits and analyses protective factors from the individual to global scales (Evans and Becker 2009a). Positive outcomes may include pride, positive identity, increased maturity, responsibility and development of important personal, social and employability skills, and closer family relationships (Dearden and Becker 2000).

Research has shown that migrant children often provide care in the form of 'language-brokering'; interpreting for parents and older generations and helping them to access services in confidential health, social care and legal settings (Bauer 2016; García-Sánchez 2018). Very few studies explore young caregiving in migrant families experiencing disability and/or chronic illness. Evans (2011) found that young people in migrant families, especially girls, often provide care in the form of household chores, personal and healthcare support, emotional and practical support for chronically ill family members, usually in

one-parent households. Such care may be crucial in helping families to settle in the destination countries and may be beneficial for children as it fosters resilience. However, it may also contribute to stress, anxiety or embarrassment that impact on young people's wellbeing (Bauer 2016).

Since the 1990s, researchers and practitioners in the UK have advocated greater support for 'young carers' as a group through the establishment of dedicated support services that usually provide social and leisure activities as a short break from caring for young people. More recently, the particular challenges faced by 'young adult carers' (aged 18–25) have also been recognised in research (Joseph et al. 2019). Despite increased recognition, many young carers, particularly those from migrant families or caring for parents with HIV, often do not access available services. This is due to cultural insensitivity, language barriers, confidentiality concerns related to stigmatised illnesses, and fears about legal status and deportation (Evans 2009a, 2011; Hirsch et al. 2011).

In contrast to the UK, there is a paucity of studies of young carers in Sweden. Magnusson et al. (2021) found a correlation between a high level of care provision by teenagers whose parents experience severe illnesses, disabilities, psychological problems or problems of substance abuse and low degrees of teenagers' psychological wellbeing. Nordenfors et al. (2014; 2015) found that 7% of 15-year-olds surveyed were involved in caring tasks to a substantial degree (several times a week or every day). Among them, children with foreign-born parents were overrepresented. Most of them reported both negative and positive impacts on their wellbeing. No significant gender differences in providing care were found (Socialstyrelsen 2012). The dominance of a strong universal welfare state coupled with the norm of a 'responsibility-free' childhood has led to young carers constituting a 'hidden population' in Sweden, with little and often patchy support available (Magnusson et al. 2021; Nordenfors et al. 2015).

While these studies offer valuable insights, studies largely overlook transnational family dynamics and how these may influence young people's caring practices. This paper responds to this gap and reveals how young people's responsibilities are shaped by the transnational social field in which migrant families are often embedded. This transnational social field is characterised by both proximate and distant family members, relatives and significant others which shape their belonging and sense of familyhood (Mas Giralt 2016).

3 | Theoretical Approach

This paper draws on the ethics of care (Tronto 1993), combined with the continuum of young caregiving (Becker 2007; Evans 2014), to analyse young people's caring practices, the relational/emotional dimensions of care within transnational families and how this affects their wellbeing.

Following Tronto and Fisher (1990), care is understood as:

a species activity that includes everything that we do to maintain, continue and repair our "world" so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we

seek to interweave in a complex, life-sustaining web
(cited in Tronto 1993, p 103).

Ethics of care theorists regard care as both a 'practice and a disposition', and it is not presumed to be dyadic or individualistic (Tronto 1993, p.104). Rather, human caring relationships are recognised as characterised by interdependence and reciprocity, with different care needs and support emerging across the lifecourse and varying according to culture and over time and space. As an ongoing process, care can be understood as comprising four interconnected phases that are associated with specific ethical values:

Caring about: recognising that care is necessary, associated with the ethical value of 'attentiveness';

Taking care of: assuming some responsibility for the identified need and determining how to respond to it, associated with 'responsibility';

Care-giving: the direct meeting of needs for care, usually involving physical work, associated with 'competence';

Care-receiving: recognising that the 'object of care' will respond to the care it receives, associated with the value of 'responsiveness' to ensure caring needs have been met
(Tronto 1993, pp. 106-108).

The four phases represent an ideal of care which are integrated as a holistic process. Yet Tronto (1993) notes that care is often accompanied by conflict within each of the phases and between them; for example, when caregivers' needs to care for themselves conflict with the care they give to others, and care-receivers may have different ideas about their needs than do the care-givers. Adequate resources (material goods, time and skills) are crucial to ensuring 'good care', which is also complicated by conflict (Tronto 1993, p 110).

Alongside this understanding of the holistic, relational process of care, we draw on the 'continuum of young caregiving' developed by Becker (2007) and Evans (2014) to analyse young people's caring responsibilities. Low levels of 'routine' care work are located at one end of the continuum, where children provide a few hours of care and support each week, with no evident negative outcomes for their opportunities and wellbeing. At the other end of the continuum, young carers provide substantial, regular caregiving, with evidence of significant negative outcomes. Most children's caring responsibilities fall between these two poles, with the vast majority of children situated at the lower end, providing culturally appropriate care according to age, gender and generational norms. Children's positioning on the continuum is fluid, however, since caring roles shift and change over time and place. Caring responsibilities are likely to increase with age and perceived competencies and may increase or decrease due to fluctuations in care needs in the household and the availability of external support (Evans 2014).

4 | Methodology

The qualitative, participatory research discussed in this paper was gathered as part of a larger study, *Care, Inequality and Wellbeing in Transnational Families in Europe: a comparative,*

*intergenerational study in Spain, France, Sweden and UK (2021–2024)*³ which investigates the relationships between care, inequalities and wellbeing among different generations of transnational families in four European countries. Using a multi-sited family-focused qualitative, participatory methodology, we worked with partner organisations to train and support migrant peer researchers to undertake research with a total of 117 families of different ethnicities, varying family constellations and legal status and diverse care needs. This article draws on data from Sweden and the UK. Since our samples differ in terms of age, family constellation, migration trajectories and family care needs, this article does not employ a comparative approach. Rather, our thematic analysis identifies commonalities in young people's experiences to highlight the active roles of children and young people as providers of care.

In this paper, we draw on 25 interviews conducted with 11 families in the Swedish sample, including with young people and middle or older generation family members (parents, uncles etc.) living in Malmö, Lund and other smaller municipalities in Southern Sweden. 15 interviews were conducted with young people (aged 6–25; 8 female, 7 male), alongside ten interviews with adult family members. Thereof, nine young interviewees were with children (two below ten years, plus seven teenagers) and six were between 18 and 25 years old. Families originally came to Sweden as asylum seekers, resettled refugees or through family reunification from Syria, Iran, Iraq, Afghanistan and Sudan, and had resided in Sweden between two and 7 years at the time of interview. The mapping interviews were conducted by peer researchers in Arabic and Dari and transcribed and translated into English or Swedish.

The UK research draws on interviews with 19 families originally from Bolivia, Ecuador, Eritrea, Hong Kong, India, Nepal, Sudan, Tunisia, Syria, Morocco and Uganda living in cities in the North and South-East of England. These families had different migration trajectories, including asylum seeking, family reunification or onward migration. In most families, three family members were interviewed from either two or three generations, totalling 66 participants. A few of the adult family members had resided in the country for over 20 years, others between 5 and 10 years, and some were recent arrivals (i.e., 1 year). Here we analyse interviews, participatory diagrams and diary activities conducted with 18 children (aged 6–17) (the majority were aged 11–14 years, with two aged under 10) and 1 young adult (aged 25) (13 female, 6 male). Some had migrated with their parents at a young age while others had been born in the UK. Interviews were undertaken by peer researchers in the participants' preferred languages (Arabic, Cantonese, English, Gujarati, Hindi, Nepali, Putonghua, Spanish and Tigrinya) and transcribed and translated into English.

The semi-structured interviews, conducted between 2021 and 2023, focused on caring needs and responsibilities, proximate/distant care, how care was provided, effects on wellbeing and education, legal status, social and leisure activities, and future priorities. The interviewees were also invited to visually map their caring relationships using a participatory diagram and/or use diary activities. For ethical reasons, all participants received age-appropriate information about the study and gave informed consent. Parental consent was also obtained for children where

required. No interview material was shared with other family members, and all data, including quotations, used in the article are anonymised to ensure personal integrity. Following transcription and translation, a relational family analytic template designed by the project team was used to summarise the caring needs, caring roles and expectations of different family members. This template enabled us to analyse young people's experiences relationally as part of a transnational family (which then informed the interpretation of our data). Reading across the family templates enabled the identification of common themes. Following preliminary analysis, feedback workshops were organised with peer researchers, families and practitioners to discuss these emerging themes.

5 | Findings

5.1 | Young People's Caring Practices Within Proximate and Distant Family Relationships

In this section we analyse the proximate and distant caring practices of young people. As noted earlier, family constellations are changed by the migration process, affecting the care resources available to the family, which may lead to a greater reliance on young people to provide care. As Figure 1 shows, the range of care practices that young people in Sweden and the UK engage in is broad, encompassing practical assistance and language brokering, emotional support, personal and healthcare support, childcare, household chores and financial support. We seek to highlight the caring tasks that are particularly notable in transnational families, with more detailed discussion of language brokering and practical assistance, emotional support and personal and healthcare support. Financial support may be significant among young people who migrated as unaccompanied child refugees and who may have significant pressures to send remittances to transnational family members (Heidbrink 2014). Financial support did not emerge as significant, however, within our research and hence is not discussed.

5.2 | Language Brokering and Practical Assistance

A significant caring role that many transnational migrant young people undertake that differs from those of young carers and



FIGURE 1 | Young people's caring practices in transnational families.

young adult carers, who speak the dominant language in receiving countries, is language and cultural brokering (García-Sánchez 2018; Iqbal and Crafter 2023; see also Capstick et al. forthcoming). Nordenfors et al.'s (2014) survey showed that young people with foreign-born parents were over-represented among the 30% of 15-year-olds that translate/interpret and make information understandable to their parents at least once a month, and among the 6% that do so daily.

In our research, providing assistance with translating, interpreting and practical assistance to navigate complex welfare systems (online and in person) was often needed to enable middle and older generations to communicate with statutory authorities and engage in administrative tasks to access welfare resources. This was one of the most widespread caring tasks mentioned by young people, sometimes on a daily basis and can be regarded as a form of direct 'caregiving', in Tronto. (1993) four phases of the caring process, associated with the ethical value of 'competence' to provide care. Young people also arranged appointments with institutions such as the public employment agency and the social services, and acted as interpreters during such appointments. This can result in young people having to miss school or college, as in Marzieh's example below, to accompany their parents or grandparents to appointments.

Young people's role here can be seen as a bridge with public services and authorities, helping families in their efforts to assemble the care resources needed. As Tronto (1993) notes, however, resources for adequate care are generally more scarce than those involved in caring require and shaped by broader political questions of which caring needs receive resources. Refugees' and other migrants' needs are often highly politicised within restrictive migration regimes in many European contexts, leading to increased responsibility being placed on informal family caregivers, including young people.

Language skills and digital literacy are necessary for interacting with welfare institutions, which the middle and older generations often struggle with more than young people. Many older young people were an integral part of families' communication with institutions and public service providers. Due to the digitalisation of banking services, many also help to pay bills and manage household finances. Young people had significant roles in translating official information and completing important documents - for instance, for employment services or connected to social welfare benefits, health care or schools.

For example, Marzieh, a 24-year-old Afghani woman moved to Sweden from Iran with her six siblings and their mother in 2015. Their mother is illiterate and has various health issues, including mental health challenges. Marzieh and her siblings manage the contact with different agencies, including the tax office, social insurance agency, and employment services:

My mother has ink id in her phone, but she is not able to use it herself. Because she has no idea how it works. (...) my mother just listens. Her case officer calls her, and she just listens to her because she can't do anything else other than this. (...) For example, the person says 'fill in this

document, do like this and that', they don't think about how she doesn't have the ability of reading and writing (...). The social services say children should not help (...). This is a real big problem for us, especially for my mother herself.

In another example, Gabriella explained how she provided translation support to her parents when they were out shopping or had phone appointments: "My parents still don't speak full English and sometimes they need help, because sometimes there are appointments by phone. And they do not understand, because I have to be translating and talking on the phone or when we go somewhere" (Gabriella, aged 14, whose family was from Ecuador, was born in Spain and had lived in the UK for 7 years).

While many young people provided this interpretation and practical assistance for older family members, this type of care was also provided cross-generationally among more newly arrived families in the UK - to siblings or cousins with less developed destination-country language skills. The language literacy of young people ('competence' to provide care) also meant that they sometimes supported their parents when learning the destination-country language - helping their parents to study and do homework for language courses.

5.3 | Emotional Support

A significant role young people undertake in transnational families is providing emotional support and being there for proximate family members in the destination country, as well as providing emotional support for distant transnational family members in other countries. This caregiving role, associated with 'competence', follows on from the 'caring about' and 'taking care of' phases of the caring process, associated with the ethical values of attentiveness and responsibility (Tronto 1993). While this role is common among young carers and young adult carers, particularly when supporting parents with mental illness, stigmatised chronic illnesses and substance abuse (Aldridge and Becker 2003; Evans and Becker 2009a), the transnational family constellation and spatial separation creates the need for emotional care, both 'here' (in proximate family relationships) and 'there' (in geographically distant family relationships). In the case of an absent partner/spouse, this need for emotional support is often filled by the younger generation.

Young people listened to parents and other relatives during difficult times, provided a space for family members to vent frustrations, express their loneliness, nostalgia and worries, as well as providing advice. Several interviewees explained that their parents suffer emotionally because of loneliness; they miss family members living abroad whom they have often not seen in years. This, in turn, requires the children to provide emotional care for their parents, something that would usually be provided by transnational family members. As Nahal explained, she is there for her mother when her mother is upset, "because we are migrants (...) because her family is not here" (Nahal, aged 20, from Afghanistan, living with her parents and siblings in Southern Sweden).

Emotional caregiving is also provided at a distance in transnational families. Many young people provided emotional support via phone and video calls to extended family members in other countries. Such support and transnational connections appeared particularly important for family members living in precarious circumstances in situations of conflict or transit settlement camps. For example, Maissa (aged 9, living in the UK) explained how she supported her grandfather in Syria who had chronic health conditions: “*I talked to my grandfather when my mom phones him I talk to him. I try to make him laugh and I make him wants to see me every day because I make him laugh and he loves me. I mean I love making him laugh*”.

5.4 | Personal Care and Healthcare Support

Young people in transnational families provide personal care when they are coresident with family members with personal care needs, in common with other ‘young carers’. Young people also provided assistance to support family members directly with healthcare and when responding to acute medical issues and emergencies. These caring roles relate to the ‘caregiving’ phase of Tronto (1993) caring process, involving competence, time and skills to provide ‘good care’.

In the UK, young people assisted ill or disabled family members with mobility both within and outside the home and to take medication. Furthermore, in both the UK and Sweden, young people accompanied family members to medical appointments. It is often young people’s involvement in personal or ‘intimate’ care and supporting them to access healthcare that most clearly distinguishes the work of young carers and young adult carers from that of other young people (Becker 2007; Evans and Becker 2009a).

In our research, personal and health care support was mostly provided by young people aged 11 and over who were deemed to have more competencies than younger children to provide this care for middle generation or older family members, or intra-generationally for siblings. For example, Soraya, who cared for her disabled brother, commented:

I help him [her disabled brother] with lots of daily stuff, like helping him find his clothes to wear, I help him with making him his breakfast, sometimes I even make him and my little brother lunch. [...] And, yeah, I organise... after he... I put him to bed, because sometimes my mum is already asleep, so I help him get into bed and I... after he wakes up in the morning, I help him do his bed, and in return he cheers me up ...

(Soraya, aged 12, born in Sudan, who lives with her four brothers and her mother in the UK).

Some young people may not have a high level of caring responsibilities (located at the low end of the young caregiving continuum), but may still provide occasional healthcare support for family members which is considered culturally appropriate care within the family. For example, Nana (aged 11) moved from Hong Kong to the UK with her parents a year previously, joining their aunt whom she occasionally cared for: “If she feels sick or is too tired to get up in the morning, I help her to get

medicine and water. I put medicine and water on a tray and leave it at her bedside table. I know the dosage from the leaflet inside the medicine box. [...] I can serve her to take the medicine if she wakes up”.

The research also reveals how young people may be involved in providing proximate care for transnational family members living in other countries during particular health crises. For example, Bela (aged 16, living in the UK) explained how the COVID-19 pandemic was a very worrying time when her parents were calling their ageing parents in India every day, as they were unable to visit them for a long period. However, when travel restrictions were lifted, she and her father travelled to care for his parents who were sick:

I mean, obviously, we didn't travel at all, and we [...] just stayed at home. But when my dad's dad got... well, dad's mum got quite sick, and my dad's dad got sick as well [...] so, last summer, when the strict... restrictions were a bit better, at the end of summer for like 2 weeks, me and my dad went to India to look after the parents.

This and other examples reveal how young people are involved in the circulation of care among extended family members across borders. It suggests that despite geographical distance, direct caregiving may be provided by transnational family members when opportunities for mobility are afforded by the migration regime.

5.5 | Childcare and Household Chores

The young carers’ and young adult carers’ literature has identified childcare for siblings as an important part of young people’s everyday caring roles (Evans and Becker 2009a). Alongside cultural expectations of sibling caretaking, in our research, the transnational family constellation and spatial separation from family members is significant in creating the need for young people to provide more significant childcare for siblings; for example, partners/spouses may be absent and parents are often separated from extended kin who would usually be culturally expected to provide care. Young people’s childcare roles are also influenced by the wider resource environment and care regime, for example, that makes private sector childcare unaffordable for most of the families in the UK sample, in contrast to Sweden, where public childcare is generally available at minimal cost for the families.

Our research found that young people often provide childcare for their siblings, or cousins in the case of local/proximate extended families, as well as for peers and friends. This reflects the ‘caregiving’ phase of the caring process (Tronto 1993), involving proximate care work that is associated with the ethical value of ‘competence’. There were significant differences in the amount and intensity of childcare responsibilities and provision children performed, depending on the circumstances of the family and in the UK, gendered expectations. Some provided significant practical childcare (such as helping to wash, brush teeth, dress, eat, feeding and changing babies), while others had more limited obligations, helping a little in

domestic chores and their younger siblings with homework, walking or collecting younger siblings from school.

Maryam, a 13-year-old girl of Afghani descent in Sweden, explained how she cared for her younger sister when her mother or brother (aged 16) were not available: “*I really help her a lot. I really take care of her a lot. [...] I feed her when there is nobody at home to help her. I would cook things for her as well and will feed her yoghurt as well...*” Similarly, Ariam, a girl (aged 11) of Eritrean descent, born in England, who lived with her parents and four siblings and was the third eldest child, said: “*I help my mum, and I also feed my baby brother. But sometimes, my brothers and sisters don't do that. But I feel like I should do that because, you know, like I'm the most person in my family who loves babies...*”. This suggests sibling caregiving is associated with young people's competencies, skills and dispositions to care for their siblings.

Young people also engaged in various household responsibilities, including grocery shopping, cooking, cleaning, doing the dishes, laundry, repairs in the house and for some older siblings, driving places in the car. Ria explained that she needed to help with these tasks to alleviate the chores that her mother and younger brother needed to do: “*I help a lot at home (cleaning, cooking, grocery shopping). To take care of these everyday chores does not only make our home nicer, but it also allows my mother to rest and my brother to focus on school.*” (Ria, aged 18, moved from Syria to Sweden with her mother who has chronic health conditions and her three siblings in 2015). Her 16 year-old brother, who was interviewed, also stated that he helped a lot in the household, both with the younger siblings and helping his mother navigate society.

While most young people are expected to help with routine household chores to a greater or lesser extent at the low end of the young caregiving continuum, research has shown that young people with significant caring responsibilities at the higher end of the young caregiving continuum often undertake a wider range of household and caring tasks and perform these more frequently and spend more time doing these than their peers (Becker 2007). Adults' time for domestic work is more constrained within these households due to their own care needs or meeting the care needs of others, resulting in young people who are competent to provide care needing to undertake more domestic tasks than is usually expected according to gender, age and generational norms.

5.6 | Perceptions of Young People's Caring Responsibilities and Impacts on Their Wellbeing

In this section, we explore how young people reflect on their responsibilities and observe negotiations and tensions within the caring process among transnational families, which may have negative impacts on their wellbeing. Our analysis provides insight into the emotional impacts of caregiving, within a wider context of largely inadequate formal care services and support and the absence of adult partners/spouses or extended kin.

The ethics of care literature (Tronto 1993) has highlighted the reciprocity and interdependence which characterises caring relationships, including young caregivers' (Evans 2009b; 2011).

In this study, young people also emphasised the reciprocal nature of caring relationships. Many participants in the UK and Sweden expressed satisfaction and joy in being able to help their parents, siblings or other relatives, while also appreciating the care they received. Caregiving was perceived as something that characterised everyday familyhood and was not associated with individuals, but rather with interdependent family relationships. As previous research found, many young people saw caregiving as part of their daily routine, not as a ‘burden’ but as a source of pride and heightened self-esteem (Evans 2012).

Soraya (aged 12, from Sudan), as noted previously, who lived in the UK with her mother and brothers, provided practical, personal and emotional care for her brother who had autism. She emphasised how the care she provided was now part of her “daily routine”, but also highlighted how she benefited in terms of her own wellbeing and gaining new skills and competencies:

I find it really nice because I'm helping my brother out, and I think this is going to help me for when I'm older, because when I have my own children, it's not going to be that hard because I've already had experience with it. [...] The best thing about it is that it helps me become more responsible. (...) And also, I like helping my mum out with... so that she doesn't have to do everything on her own.

This demonstrates the positive impacts of caregiving that young people perceived, as a source of personal satisfaction and growth, but also as a way of reciprocating the care they received and of fulfilling familial responsibilities (Evans and Becker 2009a; Skovdal and Andreouli 2011). Such perceptions also indicate a sense of ‘responsiveness’ to ensure care needs have been met, the ethical value associated with ‘care-receiving’ (the final phase of the caring process) (Tronto 1993). However, such positive perceptions and ethical values could be accompanied by more negative impacts on young people's opportunities and wellbeing.

Most young people expressed both positive and negative feelings about their caring responsibilities, resulting in a sense of ambivalence. Some experienced stress and difficult home environments, while others felt that the extent of their care work left them little time for friendships outside the family, impacted negatively on their school work or took time away from other activities. As Tronto (1993) notes, such conflicts between the needs of caregiver and the care needs they must provide for are common to the caring process and are often related to inadequate resources to provide ‘good care’.

Ria (aged 18), mentioned previously, cared extensively for her mother who had health issues and language needs. The family received public social benefits which barely cover their basic expenses. She spoke powerfully about how caregiving affected her wellbeing:

I want to be the support they need and want to make sure that we take care of each other. On the other hand, sometimes I feel as if I cannot breathe [...] and be the person I really want to be. I dream about the freedom to

be able to make my own choices, to be able to explore the world and to experience things that most young people take for granted [...]without considering the economic and social limitations we are struggling with.

Razz, a 13-year-old boy born in the UK, whose family is from Sudan, expressed similar feelings of ambivalence. He helped his mother who was the main carer for his disabled sister and they received financial support from the state and regular respite care, which he and his mother felt was much too little. His father lived in Sudan most of the time and was thus not present in the household to help. Razz struggled to relate to his sister due to her condition and compared his feelings of caring for her to caring for his mother, whom he thought did 'deserve' it:

I'm not really sure about the positive things [about caring for his sister]. I mean, a lot of the time I like taking care of my mum much more than my sister. (...) The only reason is because my sister, it feels like I'm kind of forced to do it, but my mum, I... I actually... I like my... never mind. But for my mum, I do... I actually really want to take care of her and I know she deserves it.

Razz appeared to be quite isolated, saying, "I mostly deal with my problems internally", not mentioning anyone he could talk to if he was worried or upset. Razz had been recognised as a 'young carer' and sometimes attended a young carers' club to meet with other young carers, provided by children's social care, but found it often was held when respite care was provided for his sister. Many young people stated that they did not talk to anyone within or outside of their family about how they felt about their situation, often due to a desire to avoid troubling their parent whom they cared for, as other research has found (Evans and Thomas 2009b). Such experiences suggest young people face difficult, stressful situations in which they lack adequate resources and competence to provide good care, let alone self-care, resulting in negative impacts on their own wellbeing, and that of other family members.

Young people also expressed concern and sometimes distress about the difficulties transnational family members experienced in accessing medical care and not being able to bring family members to the UK to care for them. Such experiences relate to the first phase of the caring process, 'caring about', associated with attentiveness to care needs. Salma (aged 13, born in the UK) cared for her cousin with special needs when they visited family members in Morocco. She was very upset about the family not being able to afford the medical treatment he needed. She commented how she would like her extended family members dispersed in several countries to be able to move to the UK, as this would alleviate her worries: "So if my family came all the way from [three different countries] my family will be very happy because we can visit them. [...] It would be very good if they could come to [city in UK where they live] as it will be a nice time for us and we would not have to worry".

Intra-familial conflicts may arise when parents heavily rely on their children, and young people cannot provide for all their practical and emotional needs, or not with immediacy or the necessary intensity (they lack the 'competence' to provide good

care: Tronto 1993). As research has shown, interpreting can lead to stress, embarrassment or anxiety among young people (Bauer 2016; García-Sánchez 2018). Marzieh (aged 24) found it stressful when her mother, who required help with learning Swedish, needed her daughters 'to be there for her immediately': "Sometimes we are not in the mood of helping her with the studies, we tell her 'let's put it for other time', she gets upset and tell us (...) 'I wish I was not in need of you'. She has told me this so many times". This demonstrates conflict between caregivers' and care-receivers' needs and diverging expectations of 'good care'. It also reveals the emotional conflicts that parents may experience when having to rely on their children for support.

Indeed, parents interviewed recognised the impacts of caregiving work that their children performed. In cases of caring responsibilities at the low end of the young caregiving continuum, associated largely with the 'caring about' phase and ethical value of attentiveness, parents perceived this as a culturally appropriate part of young people growing up and learning to take care of themselves and others and being socialised in family values. In other cases, where the care demands are high (the 'taking care of' and 'caregiving' phases), parents felt conflicted and wished they did not have to depend on their children. Some felt that they did not have enough time to spend with, for example, their (non-disabled) children who have caring responsibilities. Often formal care resources were not accessible, available, were delivered in ways that were not considered culturally appropriate or failed to fulfil the particular needs of families, leading to young people having to fill these gaps.

Such intergenerational tensions may be accompanied by cross-generational conflicts when siblings negotiate who takes responsibility for different types of care. These negotiations are on-going and change over time, but can result in some family members taking more responsibilities than others, often reproducing gendered and age inequalities, and having significant impacts on young people's wellbeing (Evans 2011). In the UK sample, often childcare, household chores and personal 'intimate' care seemed to be expected more from girls and young women compared to their brothers (although some boys were involved in these activities), while helping with activities outside the 'private' sphere of the home (such as shopping and driving) appeared to be more expected of young men. This suggests that 'competence' to provide care may be gendered and culturally defined, as well as age-related. Soraya (aged 12), mentioned previously, had substantial caregiving responsibilities for her disabled brother, younger siblings and cousins who lived nearby. She did not express a sense of unfairness in relation to the extent of her care work in comparison to her older brothers, but she did emphasise that it would help her if the brothers did more, as they were often away at university or working: "Maybe if my other brothers were away less, because sometimes they go out a lot. [...] If they were away less, they could help me and my mum take care of [her disabled brother] a bit more".

6 | Conclusion

This paper has revealed the significance of young people's caring roles in providing both proximate and distant care for family members within transnational social spaces. While the

separation of family members across borders may alleviate proximate care practices from family members that have stayed behind,⁴ migration places these caring responsibilities within the repertoire of those who migrated. Our research suggests that transnational dynamics increase the reliance on young people to fill gaps in the wider care landscape and make up for the absence of a parent and/or extended family members who would usually be responsible for meeting these care needs. While most young people's caring practices can be located at the low end of the young caregiving continuum, some young people had substantial, regular caring responsibilities at the higher end of the continuum. Only two of the children (both brothers of disabled siblings) interviewed in the UK had been recognised as 'young carers', despite six children potentially fitting the current UK policy definition of young carers; those recognised occasionally attended young carers activities provided through social care and/or their school. The majority of children with caring responsibilities interviewed in the UK, however, and all of those interviewed in Sweden, had not received specific recognition or support for their caring roles.

While young people in transnational families have much in common with their nonmigrant peers, we have sought to highlight the caring tasks that are particularly notable in transnational families, such as language and digital brokering and providing practical assistance to older generations in navigating welfare, health and social care, legal and other institutional settings. Young people's linguistic and digital literacies mean that they have competence to provide care and undertake a bridging role for family members to enable them to access healthcare and other resources and social protection within the state, private or third sector. This needs to be recognised as care work in itself. Emotional care needs may also be particularly evident in transnational families. Young people often find themselves providing emotional care for parents and other proximate family members in destination countries, especially in single parent households, as well as for distant family members in other countries.

The research demonstrates the relevance of the ethics of care framework (Tronto 1993) for understanding young people's caring practices, dispositions and values. While young people in all the transnational families interviewed 'cared about' family members with care needs, showing the ethical value of attentiveness, many were involved in 'taking care of' both proximate and distant family members and felt considerable responsibility to meet care needs. Following these first two stages of the caring process, many young people also engaged in direct 'caregiving'. The 'caregiving' and 'care-receiving' phases of the caring process were underpinned by ethical values of competence to provide care and responsiveness to ensure that care needs were met.

In some cases, care needs became too demanding and led to inter- or cross-generational conflicts which impacted negatively on young people's wellbeing. The holistic process of care was mediated both by intra-familial conflicts and by extra-familial constraints, when care resources in the destination society were not accessible or 'fell short' of the particular needs of families. As Tronto (1993) observes, conflict often arises when resources to provide 'good care' are inadequate.

The research also illustrates how caring relationships often reproduce gender and age-related inequalities and hierarchies. Young people's accounts in the UK point to specifically gendered expectations for girls and young women to care for younger siblings and to engage in household chores, based on notions of women's 'naturalised' nurturing caring roles as mothers and home-makers. Such findings were not evident in the Sweden sample. As mentioned previously, the difference in the findings most likely rests on the diverging composition of the samples, yet more research is needed to investigate this further. The research from both the UK and Sweden suggests that (social) age and competencies of the young people, as well as sibling birth order, are particularly salient in determining which child in the family takes on more caring responsibilities, as previous studies have shown (Evans 2009a; 2012). In addition to these social markers, spatial separation from transnational family members who would usually be culturally expected to provide such care is particularly salient in creating situations of young caregiving among transnational families.

To conclude, we argue that more awareness is needed of young people's crucial roles in filling the gaps in care, welfare and migration regimes in transnational spaces (Kofman and Raghuram 2010; Levitt et al. 2017). While Tronto (1993) model of the ideal of 'good care' is enlightening in understanding young people's different caring roles, values and disposition, there is a tendency in the ethics of care literature to assume 'care-giving' must involve proximate caring relations, with little attention paid to transnational dynamics. While caregiving often involves proximate caring relations, our research suggests this phase of the caring process may also be undertaken at a distance, for example, by providing emotional support or when language brokering or administrative assistance to access welfare, health or social care resources, is provided for transnational family members across borders. Furthermore, transnational care may involve mobility across borders to provide direct caregiving on a temporary basis, such as when young people care for grandparents or other relatives during family visits to origin/third countries. The findings thus support calls for more attention to be paid to the diverse ways that care may be stretched across distance (Bowlby 2012; Baldassar and Merla 2014); such work needs to include young caregiving.

Acknowledgements

We acknowledge the contribution of all the Consortium investigators, academic and community researchers to the project design, implementation and discussion of the preliminary findings and thank all the participants in Sweden and the UK for sharing their experiences and views. The work was supported by the Economic and Social Research Council [Grant Ref. ES/W001527/1] and FORTE [Grant Ref. 2020-01524], through the JPI More Years, Better Lives, Equality and Wellbeing across Generations. The work was supported by the Economic and Social Research Council [Grant Ref. ES/W001527/1] and FORTE [Grant Ref. 2020-01524], through the JPI More Years, Better Lives, Equality and Wellbeing across Generations.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Endnotes

¹We acknowledge that ‘the family’ is a contested term and notions of ‘family’ vary cross-culturally (McCarthy 2012).

²‘Young carers’ are defined as “children and young people aged under 18 who provide or intend to provide care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult” (Becker 2000: 378). ‘Young adult carers’ are defined with similar responsibilities and aged 18–24 years.

³Project details (*Care, Inequality and Wellbeing in Transnational Families in Europe: a comparative, intergenerational study in Spain, France, Sweden and UK (2021–2024)*) is led by Ruth Evans (University of Reading, UK) and Rosa Mas Giralt (University of Leeds, UK), in partnership with colleagues based at the University of A Coruña (UDC), Spain, University of Aix Marseille, France, Malmö Institute for Studies of Migration, Diversity, and Welfare (MIM), Malmö University, Sweden and local organisations in each country. The work was supported by the UK Research and Innovation (UKRI) Economic and Social Research Council, Agencia Estatal de Investigación, Spain, Agence Nationale de la Recherche, France and FORTE, Swedish Research Council for Health, Working Life and Welfare, through the Joint Programming Initiative More Years Better Lives programme, Equality and Wellbeing across Generations. See the project outputs and website for more information: <https://research.reading.ac.uk/transnational-families/>.

⁴Proximate care practices of non-migrating family members may also increase if they take on new caring responsibilities for other family members with care needs, such as children ‘left behind’, disabled or older relatives etc.

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