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Abstract

Despite a growing number of studies comparing the experiences of young carers in the global North and South, little has been done to explore young carers' representations of their global peers. In our interest to explore the role of social spaces in facilitating reflection, we describe the encounter of British young carers with the caregiving experiences of children in Zimbabwe and Kenya. We draw on the essays and workshop material of 19 British young carers as well as 8 follow-up interviews. A thematic network analysis of the data reveals that British young carers, upon being confronted with the experiences of African young carers, saw their African peers as more marginalised, with heavier duties and with less state support. Their responses echoed victimising representations of Africa as poor and 'under-developed'. However, representations of African young carers were complex. They were not only victimising but also contained ideas about their strengths and agency, which provided some of the participating young carers with opportunities to reassess their own circumstances in a more positive way. We conclude that creating social spaces for young carers to reflect on self and other can contribute towards the development of positive young carer identities and resilience.

Key words: Childhood; public engagement; recognition; reflexivity; social representations

Introduction

Children and young people who provide unpaid care and support for a sick or disabled family member can be found around the world. Whilst there have been a few comparative studies, identifying similarities and differences in the experiences of young caregiving between majority and minority

countries (e.g., Bauman *et al.* 2006, Evans and Becker 2009, Rose and Cohen 2010), no previous study has set out to explore the potential beneficial impact of encounters between young carers from different contexts.

Young carers in Britain and in the global North more generally, are commonly seen as victims of a deviant childhood experience. Since recognition from others has a significant role in the construction of identity, such representations can have a negative impact on young carer identities (cf. Honneth 1995). On the other hand, a study in Western Kenya found that young carers are portrayed by community members in predominantly positive terms, primarily because the role of young carers (i.e. active contributors to household livelihoods) is aligned with local understandings of childhood – helping the children to give positive meanings to their difficult situation (Skovdal *et al.* 2009, Skovdal and Andreouli 2011). Relatedly, a growing body of social psychological research suggests that devaluing and stigmatising representations can be resisted among young people (Howarth 2002). With these ideas in mind, we seek to explore some of the ways in which victimising representations can be resisted so that more positive caregiving identities can be developed. More specifically, we explore the role of social spaces in enabling British young carers to enter into a dialogue with 'other' perspectives of children in similar circumstances, as a means of facilitating reflection and the development of positive meanings of caregiving. The paper argues that there is a need to create opportunities for young carers in Britain to encounter different and new ways of seeing young caregiving, allowing some to develop more positive carer identities. Drawing on previous findings (Skovdal & Andreouli, 2011), we argue that such positive identities build children's self-esteem amd enhance their resilience and ability to deal with hardship. Although we would like to foster greater positive recognition of young carers and positive caregiver identities, we fully acknowledge that some young carers are burdened by their responsibilities. As such, efforts to foster more positive representations of young carers should run alongside activities to support

the most vulnerable families with young carers, helping them respond to the situation that leaves children with excessive caregiving responsibilities.

Studies looking at young carers in Africa and Europe have developed slightly different definitions, which suggest that there are differences in how young caregiving is experienced. In Britain, "young carers can be defined as children and young persons 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. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision" (Becker 2000: 378). A study in Kenya however defines young carers as "children under the age of 18 who in conditions of poverty and limited social support, provide nursing care and support for sick, disabled, elderly or young members of their household on a regular basis, often exceeding what is locally expected of children, and play a key role in sustaining the household in which they live" (Skovdal and Mwasiaji 2011: 1) –highlighting that young carers in sub-Saharan Africa are likely to take on an income generating role and care in a context with fewer government services.

A key difference between young caregiving in sub-Saharan Africa and Britain is their social recognition. This difference is rooted in different social representations of childhood and highlights the intrinsic link between socio-cultural contexts and local understandings of children's work and household contribution (Abebe and Bessell 2011). As D'Alessio (1990) observes, we can see childhood as a social representation embedded in a particular historical context. In the West, such representations are structured around images of children as 'incapable' and 'unfinished', assessed against the norm of adulthood. This representation is however historically contingent. Aries (1962) and Zelizer (1994) have written outstanding accounts of the 'discovery' of childhood in the global North during the 19th century. Zelizer

(1994:96) traces how children evolved from their 19th century role as contributors to the household economy, to their 20th century status as economically "worthless", but emotionally "priceless", with children being increasingly confined to the institutions of family and education. Aries (1962) also observed that there was no concept of childhood in medieval societies; children were considered 'mini' adults. From the 18th-19th century onwards, institutions such as the school and health services played a key role in the construction of childhood as an age of dependence and vulnerability (Ariès 1962). Nowadays children seem to be even more protected. The growing number of children's charities and the development of elaborate child protection laws demonstrate an increasing attention to children's welfare. In the UK, for instance, children are protected by the Children Act of 2004 which has sought to raise the accountability of institutions, especially at the local authority level, concerning child protection and well-being (DfES 2004). Overall, childhood in the Western context is represented as the opposite of adulthood: a period of innocence which ought to be protected. The roles of young carers stand in stark contrast to this representation.

It is therefore no surprise that young carers are portrayed as 'children with a lost a childhood' in the media (e.g., Clark 2007). On June 10 2009, the Press Association of the UK released a news bulletin titled 'Study highlights struggle for 'hidden' young carers'. This release was followed up on by 11 British newspapers on the same day with titles such as 'Damning report says children who devote their lives to sick parents have been abandoned' (Daily Mail), 'Being a young carer makes you grow up faster than you realise' (Western Mail Wales), 'Child carers take punishment at school in silence' (The Independent) and 'Young carers struggle to cope' (Daily Post Liverpool). These titles give detail to how research and policy reports are translated into victimising representations in the public sphere. If young caregiving is publicly perceived to compromise children's growth and development, 'young carers' themselves are more likely to also see themselves as victims since identities are partly determined by others' representations of us

(Howarth 2002). Although the academic literature has also had a tendency to focus on the needs and hardships of young carers in Britain (Olsen 1996), there is a growing recognition to move beyond victimising representations of children with caring responsibilities in the hope that this would provide us with more nuanced understandings of what life is like as a young carer in Britain (Aldridge 2008).

In rural sub-Saharan Africa, on the other hand, a number of studies have highlighted that understandings of good childhood development are measured in terms of children's contribution to household livelihoods (Katz 1996, Porter 1996, Abebe and Kjørholt 2009, Skovdal *et al.* 2009). This provides caregiving children and youth in sub-Saharan Africa with a different set of resources they can draw on to make sense of their circumstances. In Kenya for example, we found that young carers were respected by local community members and received recognition for their efforts (Skovdal and Andreouli 2011). This recognition enabled the children and youth to construct positive social identities that facilitate resilience and give meaning to very difficult circumstances.

Against this background, and reflecting our conviction that research findings should not only be made available to front-line policy actors, but can also be used by members of the general public, we developed an exhibition that used photographs and drawings produced by caregiving children and youth in Kenya (Skovdal and Ogutu 2009, Skovdal *et al.* 2009, Skovdal 2011) and Zimbabwe (Campbell *et al.* 2010, Campbell *et al.* 2011) to visualise key findings cutting across our studies. We invited young carers from three disadvantaged neighbourhoods of London to come and view the exhibition and to reflect on it in a workshop. Our aim was to create a social space for British young carers to encounter the daily realities of young carers in sub-Saharan Africa – children who cope and evaluate their social circumstances in a more positive sense. We not only sought to provide them with an insight to what life is like as a young carer in sub-Saharan Africa, but also provide them with the opportunity to challenge

conventional understandings of young caregiving, giving them a sense of perspective that can potentially enable them to challenge victimising representations and feelings.

In this paper we explore the value of such an encounter. The paper shows that the young carers participating in the workshop drew on victimising representations of Africa, creating a dichotomy between children of the West and African children within a 'developed-vs.-developing countries' framework. This was anticipated considering the prevalence of representations of the African 'other' in the Western world. However, and reflecting the aim of the exhibition and our workshop, the British young carers did pick up on the strengths and agency of their African peers. The paper shows that by reflecting on different childhoods and experiences of young caregiving, the children of this study were able to learn from them and re-assess their circumstances in a more positive way.

The importance of social representations

In order to explore how young carers represent young carers from Africa, we employ a social representations framework. Social representations are context-dependent systems of knowledge which develop through social interaction and allow people to become familiar with their social worlds (Moscovici 2000). As such, social representations are social because they are constructed through communicative practices among people, not within individual minds.

Social representations mediate people's relations with their social world and with other people by providing the lens through which to see others and relate to them. It is through prevalent social representations that groups are (mis-)recognised in the public sphere (Jovchelovitch 2007). Because of their significant role in social relations, many scholars have employed the theory of social representations to study otherising discourses and processes. Examples from the relevant literature include social representations of mental illness (Jodelet 1991), ethnic and racial difference (Howarth

2002) and physical illness (Joffe and Bettega 2003). Stigmatising representations distance and exclude threatening 'others' and maintain in-group purity (Joffe 2007). By demarcating the boundaries between self and other, these representations serve an identity function. This is particularly the case regarding Western representations of the developing world. Said (1979), for example, in his seminal study on Orientalism has argued that the non-West, understood historically in Western Europe as uncivilised and inferior, has served to define the West as its mirror image, i.e. superior and civilised. Jahoda (1999) traces the origins of colonial Western imagery of racialised 'others' in medieval mythology and argues that images of 'others' are based on the animal metaphor. 'Others' are fundamentally seen as uncivilised or primitive savages. It is no surprise therefore that social representations of Africa stress images of disease, poverty and inferiority (Hall 2000). In addition, representations of AIDS, commonly associated with Africa, create boundaries between a healthy self and an unhealthy 'other' (Crawford 1994). Such constructions are an integral part of Western identity, contributing to a fundamental othering of Africa and a felt need to help 'poor' and 'primitive' African children (Meintjes and Giese 2006, Park 2011). Dominant or hegemonic representations of global development portray Africa as poor and underdeveloped (Escobar 1992, 1995), creating what has been termed the 'development gaze' (Foucault and Sheridan 1979).

Such stigmatising representations are also a barrier to inter-group dialogue; that is, to engaging with a different perspective (Gillespie 2008). Because they delegitimise alternative viewpoints and silence 'others', stigmatising representations are difficult to change. However, there is the possibility of resistance through the active appropriation and re-appropriation of the meanings of social representations (Duveen 2001). This potential for social change, for the agentic renegotiation of social knowledge, is what gives a critical edge to the theory of social representations. Thus, while powerful groups produce more 'legitimate' social knowledge, dominant representations can still be challenged by less powerful groups (Elcheroth *et al.* 2011). Representation is an active process; in taking on social

representations, groups and individuals are able to re-interpret and transform them in ways that can challenge stigma (Howarth 2006). Kessi (2011) for example, has shown that with the use of Photovoice (see below), that encourages reflection and perspective-taking, young people in Africa are able to re-appropriate dominant stigmatising representations of postcolonial Africa, challenge stigma and propose alternative representations of their communities. Hence, the very act of representation can become a "potential space for meanings to be contested, negated and transformed" (Howarth 2006:77). In this sense, the symbolic field of representations is not a fixed, coherent system of 'facts' but a system of knowledge which is "susceptible to contradiction, fragmentation, negotiation and debate." (Rose *et al.* 1995:4).

Methodology

Study background and participants

This paper draws on the written reflections and follow-up interviews with British young carers. The young carers were between 12 and 18 years old and were invited to participate in this project through contact with local Young Carers Projects of three London boroughs. The majority of the young carers that participated were of economically disadvantaged backgrounds and their ethnicity was predominantly Black and Minority Ethnic. Nineteen young carers along with six key workers attended the workshop and took part in this study.

The workshop aimed to i) disseminate findings from previous research with young carers in Kenya and Zimbabwe, and ii) enable young carers to reflect on their own circumstances *vis-à-vis* young carers in sub-Saharan Africa. Participants in the workshop viewed an exhibition featuring pictures and drawings from young carers in Africa and then took part in a series of activities that sought to encourage

reflection on the exhibition material. The exhibition, entitled *'Picturing Life as a Young Carer in Africa'*, featured images from two research projects in which children were asked to draw pictures or take photographs (Photovoice) that reflect their experiences of caring (Skovdal *et al.* 2009, Campbell *et al.* 2010, Skovdal 2011). This method of research aims to empower marginalised communities by enabling them to reflect on their life challenges through creative activities (Wang 2006) (Foster-Fishman *et al.* 2005), allowing children and youth to tell their stories in their own terms (Wang and Burris 1997, Stephenson 2009, Skovdal and Abebe 2012).

Twenty drawings and photographs produced by young carers, aged 12-17, from Kenya and Zimbabwe were featured in the exhibition. Each picture and drawing in the exhibition was also accompanied by a story written by the child who had made the drawing or taken the picture. The exhibition was structured around four themes: recipients of care, children's caring roles and responsibilities, challenges and coping strategies (see Picture 1). The children who had participated in the African studies had all consented to have their views and perspectives shared with the public.

Picture 1: Exhibition space

The workshop was held at the London School of Economics. In our letter to the young carers and their guardians, we presented this event as an "opportunity to visit the LSE, view an exciting exhibition featuring work by young carers of their own age, as well as meet other young carers and reflect on how different contexts shape the experiences of young carers across the world". The fact that the event was held in a London university presents both opportunities and challenges. On the one hand, the university setting served as inspiration for the young carers and also fostered a sense of learning and critical thinking. On the other hand, it may be seen as an exclusionary space, especially for children from non-privileged backgrounds. In light of this potential limitation, we tried to create a safe environment for the young carers who attended the workshop. They attended our event with friends and key workers whom they knew very well and during the workshop they were encouraged to speak their minds.

Data collection and analysis

The data reported in this paper draw on the material generated from individual essays (19), group-based exercises (4) and follow-up interviews (8) with children who agreed to meet up again two months after the workshop. In the essay writing exercise, the young carers were asked to write a short essay describing 'what surprised them about the exhibition'. In the group-based activity young carers in groups of 4-6 completed a matrix exercise which sought to tease out similarities and differences between young caregiving in the UK and rural sub-Saharan Africa with regards to who they care for, what are their caring roles and responsibilities, and what are their challenges and coping strategies. The essay writing and the group-based activity were collected anonymously and were subsequently numbered. The interviews were conducted as follow-ups to the workshop and aimed to explore children's views and impressions of the workshop in relation to the young carers' own life circumstances. More specifically, the interview topic guide explored the following issues: personal experiences of caregiving, advantages and disadvantages of young caregiving, impressions of the workshop, as well as similarities and differences between the experiences of young carers in the UK and Africa.

We employed these data collection methods for different reasons. The group-based exercise aimed at encouraging dialogue and debate among the children that participated. Individual interviews, conducted in 'home territory' (the local youth centre where they meet weekly), aimed at giving children the opportunity to challenge powerful representations about young caring, since qualitative interviewing encourages reflection. Individual essays sought to enable children to express themselves more freely in private. It should be noted however that data collected by individual participants and data collected by groups of participants are equally 'social'. As Farr (1987) observes, social representations are in the world as well as being in individual minds. So individual thinking does not exist outside of social processes of knowledge construction and draws on different, sometimes contradictory, knowledge systems (Marková, 2003) .

The data from the interviews and workshop activities were coded independently by two of the present authors. We followed a thematic network analysis approach (Attride-Stirling 2001, Braun and Clarke 2006). Codes were sorted in a hierarchical manner into basic (descriptive) themes, organising themes (summarising the assumptions of a group of basic themes), and global themes (higher-order, more abstract themes). An extensive coding framework was developed for the analysis of the interviews, consisting of two global themes: 'personal experiences of caregiving' and ''Reflections of an encounter with young caregiving in Africa'. The former refers to personal experiences and coping strategies of the British young carers. The latter is specific to the workshop and concerns in particular the opportunities for reflection upon encountering experiences of African young carers. This latter global theme was subsequently applied in the analysis of essays and matrix exercises.

In the following section we discuss findings from this global theme and in particular from two organising themes that constitute this theme: i) Stereotyping African young carers as victims; ii) Recognising the strengths of African young carers and reflecting on own circumstances.

Findings: Reflections on an encounter with young caregiving in Africa

The British young carers who took part in this project represented African young carers by drawing on stereotypical images of Africa as poor and undeveloped. However, this was only one aspect of their complex representations. The participants also constructed African young carers as people with admirable qualities, mainly an ability to cope despite having heavier caregiving duties. This allowed them to reflect on their experiences and develop more positive understandings of young caregiving.

Stereotyping African young carers as victims

12

Participants' representations of African young carers were predominantly shaped by images of African poverty and destitution. The majority of British young carers who took part in this study mentioned impoverishment and lack of infrastructure as the main problems faced by young carers in Africa. Lack of state support was also frequently reported as another challenge facing African young carers.

 "It must be hard for them, having no friends, no shoes, missing school and losing out on education, as well as being malnourished and poor." (Essay 6)

"I think we are similar in that we are both carers, taking care of our parents in a young age. The difference is that it is harder for them because they have a lot of disadvantages, because they live in a poor area and it is like hard in the village" (Interview with girl aged 14)

Moreover, the children who took part in this study drew on broader representations of Africa that link together AIDS, poverty and inability to having basic needs met. Thus, while poverty stigma and AIDS stigma towards affected children differ in many respects (Campbell *et al.* 2010), representations of poverty and of AIDS were closely linked in our research. As the following extracts show, the different challenges that African people face were often lumped together into a whole.

"What surprised me [about the exhibition] was the number of people suffering from AIDS and how it affected those so young, like having to work and travel miles to collect essential things like water." (Essay 7)

"It is very hard to get food for your family. People will always get sick in Africa." (Essay 8)

The young carers that took part in this study reported having many caring duties including nursing support, household chores, emotional support and childcare. They also reported that their caring duties

require full-time commitment and can have a negative effect on their social lives and friendships. African young carers however were thought of as having even more duties – leaving them much more vulnerable. This was in part due to their perception that poverty and lack of state support forces many African carers to provide extra care and engage in income generating activities. In summary, children in Africa were seen as missing out on childhood by taking on adult roles.

> "I think they are having a really hard time and this is very different to us because we are getting help but the kids in Kenya are struggling. The kids in Kenya are probably starving and are in poverty…Why is it that we can get help and the children there can't? Why are they so different to us? I also care for someone but I get help." (Essay 17)

> "They work really hard, they do their parents' work and they have barely time for themselves because they're caring so much…They cook, clean, iron, wash clothes, even I don't do more than what they do. Also they don't have a lot of money which also makes it even more harder [sic] for them." (Essay 19)

These ideas echoed dominant stigmatising representations of Africa and were associated with feelings of pity. Young carers from London felt sad about their African peers and stressed the need for humanitarian support to Africa.

> "I think the pictures were really nice, but what the children wrote, I feel really sorry for them, like, cos they would, I would not want to be in their place at the moment because, they are in the same place as me, but they are really young and it is probably really hard for them. They are in a more difficult situation than me." (Interview with girl aged 14)

"They should give drugs to prevent children and people from dying because they can't keep on dying like this, it's not fair. People should give money for food and drugs and send clothes for them to wear." (Essay 9)

Overall, the children in this study viewed African young carers as victims of poverty, disease and lack of institutional support. The data presented above show that these images of African caregivers stem from representations of Africa, which was seen as very different from the UK. As such, our participants did not see themselves as similar to African caregivers but rather focused on the differences between them. As discussed earlier in the paper, the Western world has historically been defined by its opposition to the non-Western world, particularly the colonised regions such as Africa. Our data provide further evidence for this dichotomising representation and point to the difficulty of seeing the world through different lenses. Drawing on these representations, the children of our study made a clear distinction between the global North and South which did not allow them to consider what they may have in common as young caregivers in different contexts. Despite this, representations of African young carers were not entirely victimising. The next section will focus on the ways that children in this study recognised the strengths of African young carers and reflected positively on their own circumstances.

Recognising the strengths of African young carers and reflecting on own circumstances

By contrasting their own experiences with those of their African peers, the young carers reported appreciation of the state support available for carers, free education and health care, as well as the availability of local young carers clubs and basic infrastructure, such as access to clean drinking water. All of these structures were reported as important in helping them cope with hardship but were seen as lacking in Africa.

"Over there is tough. Because of lack of resources. Like water, we are lucky to have clean water that we can access. We can eat food every day. We do have clean water, we can have shower. My mother gets benefits so, even though it's not much, it is still something. While people over there, not everyone will get to eat every day, they will have to work hard, farm, to get it." (Interview with boy aged 18)

"In my opinion I think that people in England should appreciate what we have because we have free health care and free education. However young carers in Africa don't have what we have which makes their life more complicated." (Essay 11)

These differences in services available to young carers in the global North and South helped the young carers appreciate their circumstances. Encountering 'other' childhoods in African contexts enabled young carers of this study to re-assess their own circumstances in a more positive way, with a common lesson not to take anything for granted.

"The workshop reinforced that whatever the situation I am in now, there are people worse off. There are people in worse conditions so I should not take anything for granted." (Interview with boy aged 18)

"It [the exhibition] made me realise that I am lucky for what I got and I am happy that I am not really in their place because that would be really difficult and stuff. What I have, not a lot of children in Africa have." (Interview with girl aged 14)

Moreover, as discussed previously, social representations are not homogeneous systems of knowledge. On the contrary, they may contain conflicting ideas which allows for the contestation of existing knowledge and for the development of alternative representations. In this study negative and positive views on young caregiving in Africa coexisted, suggesting that African young carers are represented in a

rather complex or even ambivalent way. Despite drawing on a general victimising representation of African young carers, the British young carers of this study also recognised the strengths of their African peers, making note of their resilience.

"Some young carers take up the role of mothers, leave school for parents, but still they cope." (Essay 16)

"Young carers in Africa never give up." (Interview with boy age 14)

"They are truly amazing children, caring for their parents with their dying illness (HIV/AIDS). I don't think I could continue living knowing my mother or father could die in my care any moment of the day; it would tear me apart." (Essay 14)

For some of the participants, this resilience was viewed with significant respect and admiration, which challenged prevalent feelings of pity towards African young carers as mentioned in the previous section. Young carers in Africa were sometimes seen as heroes sacrificing their lives for others. In the following extracts caregiving children in Africa are not portrayed as passive victims of poverty and AIDS but as active agents who help people in need and who are driven by compassion for others.

"Reflecting on what I've seen from those children, I wish I had the same compassion that they have, where they can go without having fun, learning, resting and eating well for their parents and sometimes for a child they don't even know." (Essay 6)

"They are also in poverty and they still have time to help other people in their community; this shows how much they care for the ill." (Essay 19)

The second extract above alludes to the idea that compassion is not just a personal trait but is linked to strong community bonds. Comparing Africa to the UK, some of the children of this study argued that another advantage of young caregiving in Africa is that they enjoy more community support. Again, this contrasts with the prevalent image of African young carers as being in despair and in urgent need for humanitarian support. As the following quotes show, support by the wider community was seen as an important resource for young carers in Africa and as something that is lacking in the UK.

> "They live in one community; with us, we all live our separate lives. We can't ask anyone
>
> to help us; we can only ask our relatives." (Essay 15)

> "The good thing about being a young carer in Africa is that you have family relatives and
>
> friends that will help you, but in this country if you tell your friends and ask them to help
>
> you out at home they will probably be rude and say no." (Interview with girl aged 14)

The compassion and resilience of African young carers made them feel that they too can cope more effectively with the challenges they face. In other words, young caregivers in Africa served as role models for some of the children participating in our research.

> "[Learning about young carers in Africa] gave me a chance to look at my situation and
>
> see that I can definitely do more, cos, you know, if they're doing that, then I can
>
> definitely make a bigger effort, doing more." (Interview with boy aged 14)

Upon reflection on why African young carers seem to cope so well with their difficult circumstances, a few participants highlighted distinct differences in the social representations available for young carers to draw on in the coping process. For the children in our study this was seen as a significant resource for resilience and efficient coping (Skovdal & Andreouli, 2011).

One respondent for example spoke about how young carers in Britain are seen as troubled youth, whilst young carers in Africa are respected.

> "They seem to deal with young caregiving better than children here. Because like young carers here, because sometimes, I am not saying this about all of them, but like people just assume that they bunk off school and stuff like that, they don't really go to school, and they like are on the streets and do whatever and don't really have a happy life. Over in Africa it is like they like look after their family but people know that and don't assume they walk around being hooligans whatever and they are more excited in school, than young people in this country." (Interview with girl aged 14)

African young carers have the advantage of being able to make use of these more positive representations – making them feel socially recognised, rewarded and proud of themselves.

> "I can see the young carers in Africa as feeling good about themselves, especially as they grow up knowing they did all of that for their parents, their brothers and sisters and grandparents and stuff. And also they got to feel rewarded." (Interview with boy aged 16)

Discussion

This paper has reported on findings of a project which sought to create a social space whereby young carers from London encountered the experiences of African young carers from rural communities in Kenya and Zimbabwe. The rationale of the project was that through viewing pictures and reading stories about the experiences of African young carers (Skovdal *et al.* 2009, Campbell *et al.* 2010, Skovdal 2011), British young carers would reflect on similarities and differences in their caring experiences, gain a

broader perspective on their own circumstances and draw positive lessons from the agency and resilience that their African peers demonstrate. It was hoped that this in turn would enable them to challenge victimising representations of young caregiving and assert more positive caregiving identities.

Young caregiving is a universal phenomenon but it is experienced very differently across the world. A key difference between the experiences of young carers in the global North and South, as expressed by our participants, is that young carers in Africa enjoy much less institutional support and live under more deprived circumstances. They are also reported to have more demanding caregiving duties and living with parents suffering from more detrimental and stigmatised diseases.

Whilst this is most certainly the case of many young carers in Africa, several studies have provided evidence for the outstanding resilience and positive identities that African young carers develop through engagement with their local communities to cope with difficult circumstances (Skovdal *et al.* 2009, Skovdal and Andreouli 2011, Andersen 2012) – aided by local understandings of childhood, which recognise the role of children as active agents and contributors to their households. This is in contrast to the prevalent representations available for British young carers who are seen as 'victims' and potentially 'troubled' because of their reduced opportunities for innocence and play.

Our data show that the representations by British young carers of their African peers are fed by social representations of Africa, which have historically been quite victimising (with a focus on disease and poverty), stressing the need for international aid (Foucault and Sheridan 1979). Drawing on such stereotypical ideas about the African 'other', the children who took part in this study portrayed African young carers in largely victimising terms. AIDS, death, orphanhood, poverty and lack of state support together constructed an image of African caregiving children as extremely vulnerable and deprived. Therefore, contrary to evidence on the outstanding resilience that African young carers develop

(Skovdal *et al.* 2009, Skovdal and Andreouli 2011, Andersen 2012), the children in our study saw their African peers as disadvantaged and helpless.

Nevertheless, our findings also show that British young carers can take lessons from their African peers. As argued in the beginning of this paper, social representations are rarely one-dimensional, but they allow for contradiction and contestation through reflection and debate. Our workshop provided a space for such reflection. It gave British young carers an opportunity to encounter African young caregiving and challenge stereotypical images associated with Africa. Our data show that African young carers were also recognised as agentic, even 'heroic', individuals who can cope with their very difficult circumstances. This allowed the British young carers to take positive lessons from their African peers with regards to coping with their caring duties but also in terms of developing more positive identities and feeling proud of their contribution to their household.

Hill et al. (2006) and Skovdal and Daniel (2012) see resilience as a result of the processes and mechanisms that children take part in and learn from. Our findings support such a conceptualisation of resilience by demonstrating that even long-lasting stigmatising representations can be transformed through knowledge encounters (Jovchelovitch 2007) and that these knowledge encounters can be beneficial for young carers. It is important therefore to develop social spaces that encourage such encounters which enable young carers to reflect on other perspectives and develop resilience in the process. These can provide young carers with a sense of perspective and enable them to challenge conventional understandings of childhood, which can be said to undermine the resilience of young carers in Britain and other contexts.

It is important that these encounters are dialogical; that is, that they allow for the recognition of alternative perspectives as legitimate (Jovchelovitch 2007) so that they can facilitate effective participation (Campbell *et al.* 2009). As argued previously, misrecognition is a barrier to dialogue

because it leads to the misrepresentation of other perspectives. For example, victimising depictions of African children in Western media can be understood as instances of misrecognition as they construct these children through the lens of a developed-vs-developing country framework. As researchers, we mediated the encounter between African and British young carers through the organisation of a workshop and an exhibition which featured previous research findings from Kenya and Zimbabwe. In our effort not to misrepresent African young carers, we employed qualitative methods as a means of understanding their perspectives and experiences. In particular, we used Photovoice, drawings and story-writing, methods which have been largely used in participatory research frameworks and aim to empower marginalised communities. These research techniques are not based on predetermined hypotheses and expectations but allow participants to express their stories in their own terms. This enabled us to capture the complexity of African young carers' experiences and deliver or represent their voices in our workshop as accurately as possible. This in turn created a fertile ground for reflection about what it means to be a young carer on the part of the workshop participants.

A limitation of this study is its small sample size. The small number of participants does not allow us to make generalisations regarding representations of African young carers in Britain. Our data only illustrate the representations of young carers in Africa held by a small selected sample of young carers in disadvantaged boroughs of London. Furthermore, the African young carers whose stories the British carers encountered in our workshop are not representative of young carers in Africa in general; they come from rural communities in sub-Saharan Africa and their experiences of caring are formed by these contexts. Despite these limitations, the study provides a useful insight to some of the similarities and differences that characterise the experiences of British and African young carers. The study also shows the potential of providing young carers with a social space to encounter 'other' childhoods, enabling some young carers to resist negative representations of young caregiving - paving the way for more positive young carer identities and enhanced resilience.

Although the two contexts differ substantially in terms of family structures, kin and non-kin relationships, availability of government services, ideas about childhood and pathways to adulthood, the British young carers did translate the insights presented to them into new knowledge and reflections on their lives. This has important implications for future policy and research. Whilst this is a new area of research and requires further investigation, our study illustrates the potential benefits of facilitating transnational and intercultural encounters for social policy.

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