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Young Carers in Transnational Families in Sweden – A Hidden Population Group in Need of Society's Support

Summary

Migration splits up families. This can lead to responsibility for care being redistributed between family members. Many families that have been split up include children and young people who are active and significant carers for adults, elderly relatives and siblings, both 'here' and 'there'. These young carers bear the responsibility for filling gaps in the public welfare system and act as a bridge between the public sector and the family.

Society needs to learn more about these children and young people and about their situation, and recognise their important contribution. There is a need to provide support for them in order to ensure their wellbeing and their future prospects.

Young people in transnational families often take on a caring role as a result of the family's migration. Family members have to learn a new language and a new system; there is often absence of one parent or other relatives who would otherwise support the family. Most of young people have limited caring responsibilities, yet some have extensive and regular caring tasks. In sum, more research is needed to get a clearer picture of young carers.

Key Take-Aways

- Families being split up due to war and conflict, as well as the integration process and the need for language learning contribute to a redistribution of care responsibilities within families, and create new care needs.
- Children and young people are an important source of care for their family members.
- Language difficulties, illiteracy and digital illiteracy also create specific care needs.

Recommendations

- Create a meeting place for children and young people who provide care for family members, where they can share their experiences and get support.
- Offer mentors who can provide multi-lingual support for migrants navigating the welfare system. They can accompany them to healthcare appointments and meetings with authorities, help them to fill in forms, etc.
- Avoid introducing a fee for interpreters (Tidö Agreement) as this would increase young people's caring responsibilities.

Introduction

Hundreds of young people in Sweden provide a significant amount of care for their family members. This care can include translating letters from authorities, helping with household chores, accompanying them to healthcare appointments, or trying to alleviate adults' suffering.¹ These young people often bear significant responsibilities, which affects their social lives, their mental health and their education. Despite this, they often do not receive the support they need from society.

Many of these young carers are members of transnational families, in which caring responsibilities may be redistributed as a result of migration and families being split up, and which extend across national borders. 'Transnational families' refers to families with a migration background, with family members in different countries.² War and conflict are an underlying cause of people migrating and families being split up.

The family is a central source of care and welfare,³ even in countries with a strong welfare state, such as Sweden. Children and young people are often seen as passive recipients of care, both by researchers and by the public welfare system. The focus tends to be on the parents' obligation to care for their children and to meet their needs. However, this approach ignores the perspectives of children and young people, and renders their important caring efforts for family members – both in Sweden and in other countries – invisible.

Interview study

This policy brief is based on an interview-based study with people from transnational families with specific care needs due to chronic illness, disability or language difficulties, such as illiteracy. We used

participatory qualitative methodology and collaborated with peer researchers, who carried out the interviews in Arabic, Dari and Farsi.

The families were from Afghanistan, Iran, Syria, Iraq and Sudan, and had lived in Sweden no longer than eight years, fleeing from war and conflict. They had various legal statuses, such as Swedish citizenship, temporary residence permits or permanent residence permits. Some were undocumented.

A total of 67 interviews were carried out with individuals from 40 families. In most families, more than one family member was interviewed. The majority of the interviewees lived in Sweden, in particular in Malmö, Lund, Helsingborg and smaller towns in southern Sweden. Two people were family members living in other countries. The interviewees included 15 children and young people from 11 families. Of these, two were under the age of 10, seven were aged 10–17 and six were aged 18–25.

Broad understanding of care

We use a broad definition of 'care'.⁴ Providing care includes both practical tasks – such as preparing food, cleaning and looking after children, siblings, the sick and the elderly – and more invisible aspects. These include being aware of care needs, making arrangements to meet these needs and receiving care.

Providing care can also involve managing conflict. For example, carers' own needs may come into conflict with the care they provide for others. The person receiving care may also have a different perception of their needs than the person providing care. It can lead to conflict if, for example, the care is perceived to be insufficient or if the conditions for providing care are not favourable.

Children and young people often provide care within a culturally appropriate framework, and in accordance with their age and other circumstances.⁵ However, the extent of care can vary, and can change over time and with place. Caring responsibilities often increase with age, but can also change due to shifts in the family's care needs or in the availability of support from, for instance, other family members and public institutions.

Previous research highlights long-term risks for young carers

Previous research on young carers has estimated that between 2% and 8% of young people up to the age of 25 in affluent countries (including Sweden) provide care for family members to a significant extent, i.e. on a regular or even daily basis.⁶

Caregiving can have a detrimental effect on young people's emotional wellbeing, it can reduce their access to important social resources, such as friends, and can have a negative impact on their school performance, and hence their future prospects. Caregiving thereby contributes towards the socioeconomic inequalities experienced by many migrant families being perpetuated and passed on to new generations.

In contrast to other countries, knowledge regarding young carers in Sweden is scant. The few studies that do exist have demonstrated an association between high levels of caring and low levels of psychological wellbeing among teenagers whose parents suffer from serious illnesses, functional impairments, mental health problems or substance abuse problems.⁷

One survey showed that 7% of 15-year-olds asked were involved in caring tasks to a significant extent, i.e. several times a week or every day. Young people with foreign-born parents were overrepresented. Most of them

reported that caregiving had both negative and positive effects on their wellbeing. The study did not identify any significant gender differences in caregiving.⁸

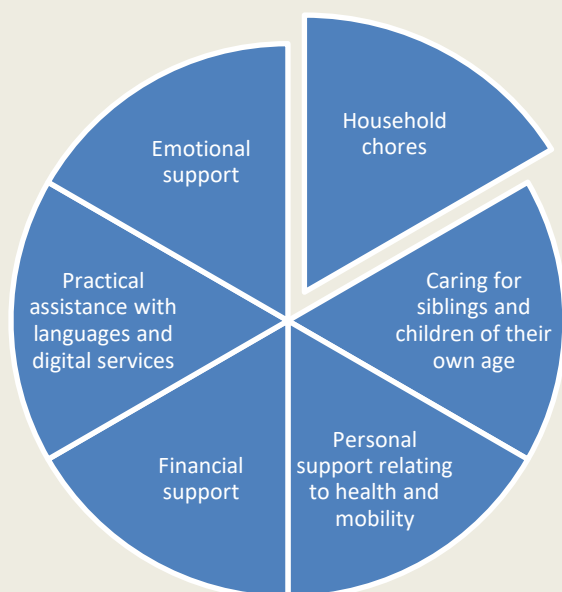
Studies point out that young people who provide care for their family members to a significant extent can be seen as a 'hidden population' in Sweden. The combination of a strong universal welfare state and a strong norm of a 'responsibility-free' childhood has led to these young people not receiving much attention, either in research or in policy discussions. There is some support for these young people, but access to it is limited and it is unevenly distributed across the country. Moreover, none of the studies have taken into account young carers' migration background or transnational family configuration.

Caring tasks carried out by the young people

The young people who took part in our study carry out a variety of caring tasks. As the pie chart shows, they help with household chores such as cleaning, preparing food and washing dishes. They pick up and drop off younger siblings at pre-school and school, and they help them with day-to-day tasks such as eating and getting dressed. They provide personal support relating to health, such as accompanying a family member to a healthcare centre, collecting and administering medication. In some cases, they also contribute towards the family's finances by earning an income, and they sometimes send money to family and relatives abroad.

They also provide language support for adults, and help with digital services, for example by interpreting and translating during meetings with authorities, filling in forms, and helping parents and relatives studying language classes. They often also provide emotional support.

While many of these tasks are not necessarily specific to transnational families, in these families they more often fall upon the younger generation as a result of geographical separation from other adult family members. Family configurations also change during the migration process. This affects the care resources available in a family, which in turn can lead to young people providing care to a greater extent.



Figur: Children and young people's caring tasks⁹

The most common tasks for the young people in our study were not concrete tasks at home, but 'practical assistance with language and digital services' and 'emotional support'. We have therefore described these two in greater detail below.

Practical assistance with language and digital services

Young people tend to learn languages more quickly. As a result, children and young people often help adults with language and with using digital services. It is also common for young people to help their parents and other adults navigate administrative systems to access public health and social care

services. The following examples are from families in our interviews:

- Children and young people book appointments with healthcare services. There is usually an interpreter at the healthcare centre, but the actual appointment must be booked in Swedish.
- Teenagers translate when dealing with authorities, such as schools, the Swedish Public Employment Service, social services and healthcare services.
- In those cases where a parent is illiterate, teenagers and children have to look up the address for an appointment with an authority by phone or using a map service, and then have to accompany the parent by train or bus.
- Children and young people pay bills, as their parents find it hard to use digital banking services and bank IDs.

"My mum has bank ID on her phone, but she can't use it herself. Because she has no idea how it works. [...] My mum just listens. Her caseworker calls, and she just listens to her because she can't do anything other than that. [...] For example, the caseworker says 'Fill in this document, do this and this'; they don't think about the fact that she can't read and write. [...] Social services say that children shouldn't help. [...] That's a huge problem for us, especially for my mum herself."

Marzieh, 24 years old, Afghan background. Came to Sweden in 2015 with her mother and six siblings

This responsibility often leads to worries and fears about making mistakes. It can also lead to conflicts, sometimes because parents do not feel comfortable in a position of dependence, and sometimes because young people feel that they want or need to spend their time doing something else, such as homework or hanging out with their friends. Sometimes there are conflicts between

siblings when responsibilities are borne unequally. At the same time, it is important to recognise that families are different, and that some parents actively seek other sources of help and consciously avoid placing the responsibility on their children.

Emotional support

Providing emotional support involves being aware that a family member is struggling and is not feeling well. This can mean listening to parents or relatives during difficult times, giving them the opportunity to vent frustrations and express their loneliness, nostalgia and worries, and offering them advice.

Our material includes many adults and elderly people expressing a sense of loneliness and social isolation, which has a negative impact on their wellbeing. They talk about relatives they used to socialise with on a daily basis but who are now somewhere else, either in their home country or as refugees in another country. Many adults have siblings, parents and sometimes even some of their children left behind in their home country, and they express great concern for their safety and wellbeing. These concerns can be so strong that they find it hard to learn anything in Sweden, such as the language or how the welfare system works.

Among these families, we see that many children and young people take responsibility for trying to alleviate adults' situation. These young people are aware of the adults' suffering. They see their efforts to navigate Swedish society, and try to give them the care they need. One example is Nahal, a 20-year-old woman from Afghanistan who lives in southern Sweden with her parents and her younger siblings. Nahal tries to be there for her mother when she is not feeling well, "because we are migrants [...], because her family is not here".

Emotional care can also involve children and young people themselves refrain from telling their parents certain things, in order not to burden them. For example, several young people said that they are still affected by their experience of fleeing to Sweden, for example by inflatable boat from Turkey to Greece. However, they did not want to burden their parents even more by telling them, and instead kept it to themselves.

How do the young people themselves experience caring?

Some of the young people express themselves only positively and others only negatively, while most seem to be ambivalent about their caring responsibilities. On the one hand, they feel that providing care can be a source of joy, pride, self-esteem and resilience. On the other hand, they also experience caregiving as a burden to some extent. They say that the fact their parents need care leads to conflict within the family, and this weighs them down. They also say that caring – both the practical and mental aspects – affects their schooling and their friendships outside school.

"I want to be the support they need and ensure we look after each other.

But it sometimes feels like I can't breathe. I dream about making my own choices, and being able to experience what most young people take for granted. I dream about being able to study and achieve my dreams without having to think about the financial and social constraints we struggle with."

Ria, 18, Syrian background. Together with her 16-year-old brother, she often takes care of her two younger siblings and her mother, who has health problems and language-support needs.

Part of an international project

This policy brief was produced within the framework of the international research project CAREWELL – *Care, Inequality and Wellbeing in Transnational Families in Europe: A Comparative, Intergenerational Study in Spain, France, Sweden and the UK* (2021–2024). The overall objective of the project was to study the links between care, inequality and wellbeing across different generations of transnational families in Spain, France, Sweden and the UK. The project was granted funding within the Joint Programming Initiative (JPI). The Swedish part of the study was funded by FORTE.

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