



A Unifying Approach for Investigating and Understanding Youth's Help and Care for the Family

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ABSTRACT—Youth provide significant contributions to their families, ranging from completing household chores to taking care of members of the family. Researchers have examined correlates, predictors, and consequences of the variation in youth's contributions to their families. One body of work has examined family assistance—youth's help with household chores. Another has looked at youth caregivers who provide significant, ongoing care to family members with health needs. This research has been disaggregated across various theoretical models, methods, and terms, making it difficult to investigate and understand the full spectrum of youth's contributions to the family. In this article, we summarize evidence about youth's help and care for the family across a fuller spectrum of behaviors and intensity, and review the challenges and strengths of myriad methods and conceptual models. We propose a unifying approach for investigating youth's contributions to the family that capitalizes on the strengths of each discipline and prioritizes interdisciplinary sharing of resources.

KEYWORDS—family assistance; youth caregiver; parentification; adolescents; home

Children and adolescents provide significant domestic assistance to their families, ranging from helping with daily chores to taking care of siblings to providing ongoing care for a sick or disabled family member. Youth's household contributions vary in quality, timing, and intensity, and may increase with family need (Tsai, Telzer, Gonzales, & Fuligni, 2013). Given the variation in youth's contributions, it is unsurprising that research and theory suggest that it can both harm and benefit their mental health, physical health, and education (Telzer & Fuligni, 2009a; Telzer, Gonzales, & Fuligni, 2014).

To investigate youth's contributions in U.S. homes, two distinct but related lines of research have emerged (see Table 1). One growing body of literature by developmental psychologists examines *family assistance*: youth's helping behaviors. Another body of work from clinical sciences (including nursing, sociology, and pediatrics) examines *caregiving youth* (also known as *youth caregivers* and *young carers*): young people who provide time-consuming and ongoing care for a disabled or chronically ill family member. These two fields of research examine the same construct—youth contributing in the domestic sphere—and occupy a continuum ranging from moderate helping behaviors to intense caregiving. Yet the two lines of work use distinct methods and often do not describe their findings in the context of each other.

We need to integrate the two fields so researchers can accurately characterize their findings and the experiences of the youth they study. To facilitate doing so, in this article, we review the research methods, conceptual models, and findings pertaining to family assistance and caregiving youth in the United States to encompass a fuller spectrum of youth's help in the home. We highlight both the challenges and the strengths of each approach. Drawing on this evidence, we aim to provide a framework for a more unified understanding of children's and adolescents' contributions in the home that capitalizes on the strengths of each discipline and prioritizes interdisciplinary sharing of resources.

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Table 1
Characteristics of the Family Assistance Literature and Caregiving Youth/Parentification Literatures

	Family assistance	Caregiving youth & Parentification
Definition	Helping the family with chores and daily tasks or (in some more recent research) providing moderate emotional support	More time-consuming or ongoing provision of care to a chronically ill, disabled, or aging family member
Typical family environment	Able-bodied parents or siblings, two parents, relatively lower income	Often characterized by parental chronic illness, disability, lower income, single parent, or parental absence and younger siblings needing care
Example tasks	Chores such as cooking, cleaning, babysitting, helping sibling with homework, listening to a family member	Feeding, toileting, dressing, administering medication, running errands, in addition to household chores
Predominant field	Developmental psychology/psychobiology	Clinical (e.g., nursing, social work, pediatrics)
Predominant study design	Longitudinal	Cross-sectional (often parental illness, or collected in collaboration with partnership school)
Measures	Daily diary methods	Extant clinical assessments, adult caregiver measures, "What Works" survey
Limits	Does not consider more intense or ongoing help to the family	Small samples, lack of standard measurement tools, often retrospective
Strengths	Compelling study design and analysis, large samples, longitudinal, daily diary methods	Multidisciplinary, draws on the expertise of clinicians from many different disciplines

FAMILY ASSISTANCE

Grounded in developmental psychology and biopsychology, a growing body of literature examines youth's moderate levels of family assistance in the home, focusing on adolescence. Family assistance occurs in many households, ranging from small helping behaviors to more frequent chores, including cleaning, cooking, helping siblings with homework, and translating for a parent or sibling. In recent years, studies have begun to examine adolescents' provision of emotional support (Tsai, Gonzales, & Fuligni, 2016). While helping the family is a typical feature of children's and adolescents' daily lives around the world (Weisner, 2001), it may be more common among ethnic-minority, immigrant, (Kam & Lazarevic, 2014), and older adolescents (Lam, Greene, & McHale, 2016). While significant cross-cultural work has been conducted, most studies of family assistance focus on the U.S. context.

Family assistance is associated with both positive and negative biological and psychological outcomes (e.g., Armstrong-Carter et al., 2019; Kam & Lazarevic, 2014). For example, contributing to the family can help maintain youth's connectedness to their families and increase their happiness (Weisner, 2001), but it can also be burdensome (Telzer & Fuligni, 2009a). Associations between family assistance and a number of biological processes are also evident during adolescence, including higher body mass index (Fuligni et al., 2009), lower next-day cortisol (Armstrong-Carter et al., 2019), and greater inflammation (Fuligni et al., 2009). The extent to which youth's family assistance is linked with positive versus negative outcomes may depend on the type of assistance (i.e., whether it is instrumental or emotional; Tsai et al., 2016), timing (Telzer & Fuligni, 2009b), the family context

(Tsai et al., 2016), and cultural or community norms for youth's behaviors and work (Telzer & Fuligni, 2009a). Helping the family in moderate amounts may be protective when it confers a sense of meaning or purpose (Fuligni et al., 2009; Telzer & Fuligni, 2009b) and offers opportunities for social collaboration and learning (Tse, 1995). In contrast, family assistance in high-stress or high-conflict homes is linked with risk factors, including substance use and depression (e.g., Suárez-Orozco & Suárez-Orozco, 1995; Telzer et al., 2014), particularly when it conflicts with other social and academic demands (Telzer & Fuligni, 2009a).

FAMILY ASSISTANCE: METHODS AND LIMITS

The research on family assistance has been pioneered by researchers in developmental psychology, typically by asking adolescents to report their experiences via daily diary checklists, which are uniquely useful for investigating youth's regular contributions to and experiences with family (Telzer & Fuligni, 2009b). Youth's daily reports are more reliable and accurate than traditional retrospective accounts from a single questionnaire (Bolger, Davis, & Rafaeli, 2003), and allow researchers to examine precise temporal links among youth's experiences, behaviors, and feelings. The daily diary commonly includes seven to nine items pertaining to adolescents' help around the home (e.g., helped cook a meal, took care of a sibling), which were derived from focus group studies of adolescents and have been used widely with diverse groups of adolescents (Hardway & Fuligni, 2006). Other strengths of the family assistance literature include large samples and, sometimes, longitudinal measures across several years (e.g., Telzer & Fuligni, 2009a, 2009bb).

Despite these strengths, this research has addressed only helping behaviors widely considered typical for adolescents. While daily diaries allow researchers to examine the chronicity of helping (e.g., assisting every day for an extended period; Telzer & Fuligni, 2009b), the current daily diaries that are used fail to consider ongoing caregiving, such as feeding, dressing, or administering medication to a chronically ill or disabled family member. Thus, the family assistance literature does not encompass the full extent of youth's domestic contributions.

YOUTH CAREGIVERS

Youth's household activities may transition from moderate assistance to more time-consuming and ongoing caregiving that is traditionally thought to be done by adults. In 2005, an estimated 1.3 to 1.4 million individuals under age 18 in the United States provided substantial ongoing care to dependent family members (Hunt, Levine, & Naiditch, 2005). Of these, 72% cared for a parent or grandparent, and 11% cared for a sibling. In the United Kingdom and Australia, as well as in many lower-income nations, youth caregivers are the subject of considerable research and are recognized by schools and governments; they also receive institutional support through laws and government policies designed to protect them and help them meet their needs (Becker, 2007). However, in the United States, they are recognized neither as caregivers nor as potentially vulnerable youth, and many have been historically unacknowledged and misunderstood (Olson, 2017). Furthermore, research in the United States on these youth is more limited, but it is growing.

Youth caregivers are more common in families that either cannot or choose not to seek respite care when a sibling, parent, or grandparent has a disability or chronic illness. Caregiving by youth occurs most frequently when the adolescent is relatively older, and when the family is an ethnic minority, suffers financial hardship, or is headed by a single parent (Hunt et al., 2005). In these contexts, youth may begin to manage loved ones' complicated tasks, including personal care, feeding, toileting, dressing, administering medication (Kavanaugh, 2014; Lackey & Gates, 2001), and providing emotional care and support (e.g., Bauman et al., 2006).

A modest body of research has examined associations between U.S. youth's caregiving and their educational, health, and psychological outcomes. Sociologists refer to the process of youth caregiving as *parentification* or *adultification* (e.g., Hooper, L'Abate, Sweeney, Ganesini, & Jankowski, 2014). As with young people who provide moderate amounts of assistance to their families, many youth caregivers gain a sense of purpose, familial closeness (Shifren, 2008), and capability (Bauman et al., 2006). However, youth's family care is also associated with increased risk for depression and anxiety (Cohen, Greene, Toyinbo, & Siskowski, 2012; Hunt et al., 2005), decreased academic performance, interferences with attendance and learning (Bauman et al., 2006; Diaz, Siskowski, & Connors, 2007; Kavanaugh, 2014), and

increased risk of not finishing high school if they are earning wages for the family outside the home (Bridgeland et al., 2006). Negative outcomes may be more common or severe when youth's household tasks conflict with school activities (Siskowski, 2006), or when youth lack effective coping strategies or informational resources (Cohen et al., 2012). Caring for family members may be excessively burdensome when children and youth receive insufficient support to develop secure attachments and self-confidence, but can be positive and rewarding when they develop skills and receive support (Hooper et al., 2014).

YOUTH CAREGIVERS: METHODS AND LIMITS

A key feature of the research on caregiving youth is that it is multidisciplinary. Grounded predominantly in the work of medical clinicians and researchers, it draws on the diverse expertise of nurses (Siskowski, 2006), social workers (Kavanaugh, Stamatopoulos, Cohen, & Zhang, 2016), sociologists (Hooper et al., 2014), and geographers (Olson, 2017). However, the lack of national recognition in the United States of youth as caregivers means that few large-scale studies on either caregiving or youth are currently collecting data about youth caregiving. Therefore, data collection has focused on identifiable populations, such as young people who care for a family member with a particular illness (e.g., Kavanaugh, 2014), or geographically specific research and interventions (Assaf et al., 2016). While internationally this research has included large quantitative surveys of youth caregivers (Becker, 2007), U.S.-based research features smaller samples and is often qualitative (e.g., Kavanaugh et al., 2016) or retrospective, including older, former youth caregivers (e.g., Lackey & Gates, 2001; for exceptions see Cohen et al., 2012; Diaz et al., 2007; and Siskowski, 2006). Using retrospective accounts (rather than daily records) is limiting because they tend to be subject to bias and inaccuracies (Bolger et al., 2003). Perhaps due to the difficulty identifying and accessing this population, these studies also tend to have small samples (for exceptions, see Cohen et al., 2012; Diaz et al., 2007; and Siskowski, 2006). Furthermore, this research often lacks a control group (e.g., Kavanaugh, 2014; Shifren, 2008), or has 25 or fewer individuals in each group of caregivers or noncaregiving controls (e.g., Willams et al., 2009).

Another challenge is that the field lacks a standardized toolbox. Since most studies of caregiving youth were pioneered abroad (Becker, 2007), the reliability of common prevalence surveys has not been fully documented in the U.S. context. For example, the U.K.-based Multidimensional Assessment of Caring Activities references "decorating rooms" and "having a wash" (Joseph, Becker, Becker, & Regel, 2009), language unfamiliar to most youth in the United States. Perhaps because of this, quantitative researchers here have used diverse clinical assessments designed to assess the activities, stress, and relationships of adult caregivers. This methodological variation makes it difficult to compare studies and can lead to ad-hoc

designs for researchers who lack reliable or validated survey instruments to incorporate into their research.

INTEGRATING YOUTH'S FAMILY CONTRIBUTIONS

Youth and the field at large would benefit from integrating the family assistance and youth caregiving literature so researchers and practitioners can accurately characterize and understand youth's experiences contributing to their families. If family assistance research does not address whether youth are caring for a sick or aging family member in addition to doing chores, it could inaccurately portray youth's contributions in the home as minor to moderate, when their contributions may be ongoing, intense, and time-consuming. This distinction is important since youth caregivers tend to be more stressed, socially isolated, and anxious than their noncaregiving peers who complete only small or moderate amounts of household chores (Hunt et al., 2005).

Similarly, if the research on youth caregiving fails to incorporate some of the more rigorous ways youth help their families (e.g., by administering medication, feeding, bathing, providing significant and ongoing help with other daily tasks of living), it risks missing or obscuring many important daily experiences of youth. Integrating the two fields will allow researchers to accurately characterize youth's experiences and identify those who may need institutional support.

Contemporary researchers who study youth's contributions in the home should integrate perspectives and methods in several ways. First, researchers should describe and qualify their findings in the context of the full spectrum of youth's contributions to the family. They should understand fully the measures used in other studies and not conflate vastly different measures of children's household activities. When researchers distinguish moderate family assistance from intense or ongoing caregiving, more distinct patterns of positive and negative outcomes may emerge. For example, doing so may clarify whether the observed reduction in cortisol awakening response the day after youth help is beneficial or harmful, since moderate response is associated with optimal health (Armstrong-Carter et al., 2019). Such a distinction would also help clarify potential thresholds in the observed curvilinear relation between perceived family obligation and academic achievement, whereby adolescents with moderate levels of perceived family obligation attain the highest grades (Fuligni, Tseng, & Lam, 1999). These insights will help us understand what kinds of family contributions may require better support from schools, health providers, or policymakers.

Researchers should also incorporate measures from other fields that address converging research questions. Family assistance research should expand to incorporate caregiving more fully, and youth caregiving research could benefit from the methodological insights of family assistance work. For example, daily diary studies should record activities associated with more intensive caregiving (e.g., did you help feed, bathe, or clothe a family member today?). This approach would address broader

variation in children's and youth's work helping the family and enable researchers to include both young people who help their families by taking out the trash and those who provide significant, ongoing care. It would also allow researchers to compare and reconcile findings across studies and disciplines. Incorporating items that feature a fuller spectrum of youth's household activities may also help distinguish when helping the family is a meaningful, positive experience for youth (e.g., Fuligni, 2018), taxing and burdensome (e.g., Hooper et al., 2014), or both simultaneously (e.g., Siskowski, 2006; Telzer & Fuligni, 2009b).

In designing research questions and interpreting findings pertaining to youth's help in the home, researchers should consider additional contextual differences in the United States that may contribute to individual variations. For example, youth's contributions may vary by family size, whether the household includes additional members beyond the nuclear family, whether youth work outside the home, and families' and communities' beliefs about children's learning and appropriate training in family work. In particular, researchers should consistently measure household characteristics such as parental disability. Although some studies on family assistance address family characteristics such as current parental physical health, parental fatigue, and employment (Tsai et al., 2013), these features are so integral to children's experiences of contributing to the home that they should be incorporated in every study. Specifically, items that address more ongoing circumstances would further clarify the extent of parental and family conditions and their potential influence on children and youth. For example, including a single question such as, "Do you live with someone with a chronic illness or disability?" could shed light on the quality and intensity of young people's helping behaviors since 90% of students who live with a family member who has a chronic health issue provide ongoing, hands-on caregiving (Siskowski, 2006). Measuring household characteristics would also clarify when and how helping behaviors are linked simultaneously with co-occurring positive psychological experiences and negative physical health risk factors (Fuligni et al., 2009). For example, doing so could illuminate whether youth who assist moderately in the home have more inflammation, or whether youth who help at home live in households with more economic or social burdens, or care for disabled family members, both of which have been linked to elevated inflammation in adults (Kiecolt-Glaser et al., 2003; Taylor, Lehman, Kiefe, & Seeman, 2006).

Researchers should also investigate youth and family characteristics that contribute to developmental risk and resilience for youth who contribute significantly to their families. One way to reveal how children's and youth's similar experiences of contributing to the home may have differential associations and impacts is to examine individual differences in biological and physiological functioning. Children's physiological functioning has been linked to their general prosocial behavior (Hepach, 2017), and has been shown to differentially moderate contextual influences on development (Obradović, 2016). However, we

know of no work that has examined biological moderators in the relations between children's family contributions and developmental outcomes. Using biological measures (e.g., hormones, physiology, brain activation, genetic markers) may illuminate which youth are at greatest risk in challenging family contexts and which benefit the most in positive family contexts (Obradović & Boyce, 2009). Incorporating biological markers may also reveal the extent to which family contributions influence physical health and functioning (e.g., physiological stress response) in ways that are not apparent from self-reported measures of psychological well-being.

These recommendations should not be restricted to the few researchers who focus on youth's help and caregiving in the family. Rather, our aim is to highlight youth's contributions to the family as a construct that should be considered and measured across disciplines and specialties. Contributing to the family is an important aspect of children's lives almost universally (Weisner, 2001), and requires attention by researchers and clinicians who study or provide services to youth. Furthermore, youth caregivers have distinctive experiences that are often overlooked in U.S. research and policy (Hunt et al., 2005). Investigations of children's contributions in the home should be incorporated more broadly into studies of children's behavior and outcomes, from the perspectives of developmental psychology, education research, and clinical sciences. Indeed, incorporating youths' contributions into larger and longitudinal studies would be an efficient way to shed light on the long-term effects of youth's contributions in the home, which are studied far less frequently than short-term associations.

We should also examine youth's contributions in the home by capitalizing on existing resources and data. Several broad indicators could point to instances where children and adolescents contribute to household duties or care. For example, national surveys often collect data on whether children live in a household with an aging or disabled adult (e.g., the National Longitudinal Study of Adolescent to Adult Health, the Integrated Public Use Microdata Series). Since 90% of youth who live with a disabled relative help provide care (Siskowski, 2006), asking a question about such care could provide a preliminary estimate of the number of homes with youth caregivers. Including measurements of caregiving on widely administered national and state surveys of youth, such as the Youth Risk Behavior Survey, would contribute significantly to the potential for interdisciplinary scholarship and policy.

CONCLUSION

Youth's contributions in the home are both adaptive and costly; they free up opportunities for other family activities (for example, parents' increased work or rest during illness) and sustain the family and household. At the same time, youth's family assistance behaviors can take away from their ability to spend time on other important activities, such as school work (Siskowski, 2006). As such, this work features both opportunity

costs and functional benefits to the household. Indeed, the estimated value of youth caregiving in the United States is \$8.5 billion (Viola et al., 2012).

In light of this impact of youth's household contributions on individual homes and the national economy, the incidences of youth helping in the home and caring for their families are likely to increase. In the United States, social and demographic change contribute to this rise. The aging population of baby boomers is spurring a growing need for in-home care and an increasing reliance on informal and younger family caregivers (Chappell & Hollander, 2011; Schulz & Eden, 2016). Simultaneously, with the opioid epidemic affecting young and middle-aged parents, children and adolescents are increasingly moving in with grandparents who may have greater care needs (Baugh et al., 2012). With these contributors, experts estimate that the 1.3 to 1.4 million youth caregivers identified in 2005 may actually be six times higher now (Siskowski & Olson, 2018), and suggest that youth caregiving is increasingly becoming a normative experience in many communities. Thus, research on the full extent, predictors, and consequences of youth helping and caring in the home must move forward.

Despite the importance of understanding the extent and consequences of youth's contributions in the home, research has been marked by such a diversity of terms, measures, and theoretical models that researchers may struggle to investigate and make sense of the full spectrum of youth's help to the family. These perspectives are grounded mainly in disparate fields of developmental psychology and medical clinical practice. Differences are largely methodological and reflect a focus on relatively less intense chores versus more intense and ongoing provision of care. Integrating perspectives and methods will allow research scientists to reach more informed and unified conclusions about this increasingly important construct in the lives of children and adolescents. We will be able to more accurately characterize youth's experiences and identify young caregivers who could benefit from institutional support. Building bridges across these disciplines by sharing data and methods can facilitate these goals.

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