

Article

Young Carers in Early Childhood—Exploring Experience with the Power Threat Meaning Framework

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Abstract

This paper presents the first exploration of young carers in early childhood (YCEC), in the context of whole family support, through the application of the Power Threat Meaning Framework (PTMF). Existing contributions to young carer research have shaped social policy, legislation, and practice concerned with whole family approaches to the identification, assessment, and support for young carers globally. To date, the literature has predominantly focused on young carers in middle childhood to young adulthood, contributing to socially constructed Eurocentric ideologies of who young carers are likely to be. As such, YCEC remain disempowered in broader young carer and family science discourse. This qualitative exploration centers upon the experiences of three families. Primary data collated retrospective accounts of two adult siblings supported by documentary data obtained by participants through a subject access request (SAR). Secondary data derived from two case studies, drawn from the lead author's master's dissertation, offering experiences of families each with a young carer aged four years old. Participants lived in England, United Kingdom (UK). Deductive analysis utilized dual methodological approaches, offering nuanced insight. Thematic codes were synthesized into predetermined themes. 'Power,' 'threat,' 'meaning,' 'threat responses,' and 'strengths' to explore the application of the PTMF beyond individual experience. Findings show systemic and structural powers held within the lives of YCEC. This disempowers the ethos of whole family support, which should serve to endorse integrated working and foster the autonomous functioning of family life. Findings consider threats, worsening vulnerabilities, and exposure to harm. Meaning is deduced from findings offering recommendations for future research, practice, and policy decisions. In conclusion, opportunities for the prevention of inappropriate caring roles, early identification, and intervention have been missed. This study adds to the growing exploration of the PTMF. It harnesses its potential application as a holistic assessment tool and qualitative data analysis framework, helping to bridge structural and developmental viewpoints which typically frame the current understanding of family functioning and related social policy.

Keywords: young carers; early childhood; caregiving youth; child labor; early years; prevention; intervention; whole family support; power threat meaning framework



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1. Introduction

The social phenomenon of family has been likened to a model of social relationships that underpin the bedrock of society at any given point in time. The ideology of family

is shaped by the constructs and ecological systems within one's experience, not simply by culture alone, but through the societal framing of policy and legislation (Bernardes, 1985; Bronfenbrenner, 1979; Boghirnea, 2022). Young children providing care to a friend or family member during early childhood (0–8 years) challenges such framing. Consequently, YCEC remain underrepresented within the field of family science, and specifically within broader young carer discourse. In England (UK), young carers have been affirmed within legislation since the introduction of the Children Act 1989 (Gov.UK, 1989), defined as 'a person under 18 who provides or intends to provide care for another person'. Modified by the Children and Families Act 2014 (Gov.UK, 2014), the requirement for local authorities to provide an assessment of need is further mandated to all children who care or intend to care, regardless of age; with guidance provided under *The Young Carers (Needs Assessments) Regulations 2015* (2015). Furthermore, the Children Act 2004 (Gov.UK, 2004) sets out the duties for multi-agency working to safeguard children and protect their well-being. Despite this, reports indicate that young carers are often unidentified in England for up to ten years, with children as young as four and five years old known to hold a level of caring responsibility (Carers Trust, 2023). Evidence suggests the average age of identification most commonly occurs in later childhood and adolescence, spanning 10–14 years (Aldridge & Becker, 2003; Hounsell, 2013). This fuels narratives of young carers being hidden by society, with reference made to sibling young carers as 'glass children,' quite literally deeming young carers invisible (James, 2017; Nygård et al., 2023; Robson, 2004; Smyth et al., 2011; Stamatopoulos, 2015). In response, this article argues a poststructuralist viewpoint which challenges the power and representation associated with YCEC, seeking to understand the silence, clear absence of early childhood voice and representation within young carer discourse, which informs whole family approaches to support and identification (Jones & Cheuk, 2020; Spyrou, 2016).

Social constructs of young caregiving within family systems are typified in society by Euro-Western ideals (Kavanaugh & Stamatopoulos, 2021). Such thinking views young caregiving as problematic, risking normative developmental trajectories concerned with emotional well-being and educational outcomes; this is supported by recent findings (Bowman Grangel et al., 2025). Much of what is understood about young carer experience is framed within these Eurocentric perceptions of family structure, care, and caregiving, despite cultural variations, and is dependent upon the point in time and social status (Joseph et al., 2019). Such factors influence how childhood and childhood capabilities to provide caring responsibilities may be viewed (Emmott & Gibbon, 2024; Gladstone et al., 2020). Consequently, this negates the value of YCEC within the family as a whole (Hamon & Smith, 2014).

Historically, concepts of young caregiving have been explored through cross-cultural anthropological studies of family life, conducted within non-Western societies, provoking the curiosity of researchers from a Westernized gaze. Early terminology used to describe the activities of young caregiving was informed by early observations of non-parental care, in the context of child-to-child caring activity. In such cases, children were termed as 'child caretakers,' recognizing young children's roles in the harmonious functioning of a family (Weisner et al., 1977). Leighton and Kluckhohn's (1948) early studies depict visual representations of children in early childhood caring for even younger family members. This phenomenon was referred to in later studies as 'baby carriages' (Munroe & Munroe, 1975, p. 2) or 'baby tenders' (Williams, 1969, p. 71) to illustrate the act of filial duty to caregiving. These early references describe the capacity for children in early childhood to demonstrate relational caregiving practices. Yet modern perceptions of young caregiving all too often discount the capabilities of society's youngest children to provide care for others,

with beliefs remaining that view young children as passive receivers needing care rather than, in some cases, being the ones to both need *and* provide it (Lansdown et al., 2005).

Consequently, young carers in the UK are reported to experience delayed identification, lack of early intervention, and unsuccessful strategies of prevention (NSPCC, 2021). Such factors exacerbate poor outcomes for young carers in later childhood, adolescence, and young adulthood, including physical and mental health, educational outcomes, and socioeconomic factors (Bowman Grangel et al., 2025; Lacey et al., 2022; Landi et al., 2025).

While there is no lower age limit placed on the assessment of need for young carers in England, research and guidance regarding the validity, depth, and conduct of young carer assessments for children in early childhood is narrow (Ellicott & Woodworth, 2024). Consequently, recognition of young children as caregivers amongst professionals remains limited and support available is not always perceived as valuable by families (Stevens et al., 2024). Notably, the absence of data from the England Household Census (ONS, 2025) for young carers under five years was observed by the lead author (Ellicott et al., 2025). The investigation highlighted hard editing rules which fail to capture, nor analyze, caregiving activity conducted by very young children, specifically those in their early years (0–5 years) in England, Wales, and Northern Ireland. In contrast, Scottish Household Census data identified young carers from the age of three years, setting a precedent from which the rest of the UK should follow (Scotland's Census, 2022).

Lack of data exacerbates and inflames misconceptions. As a result, perceived age restrictions are placed by some local authorities, which inhibit access to tailored services of support, subsequently misrepresenting legislative rights afforded to young carers in England, regardless of age (Ellicott et al., 2025). Census data, local service data, and empirical data help to build a picture of the significant caregiving responsibilities shouldered by very young children across the UK, and indeed internationally. To develop systematic change, a better understanding of this age group is needed to raise awareness of their specific needs and experiences. This is vital when affording young carers agency outside of datafication agendas.

The Commonwealth Young Carers Charter advocates for young carers' voice as a central thread which must be woven throughout all narratives concerning them. Young carers insist that "above all ask us what we need and listen to us" (Commonwealth Secretariat, 2023, p. 4). This must apply without exception to YCEC. To begin to address the gap in understanding, this article presents a narrative analysis of data drawn from three case studies exploring the lived experiences of YCEC and their families. The findings are an important stimulus for further investigation to help better understand what life is like for YCEC. The aim is to provoke greater awareness of YCEC to aid earlier identification and whole family support. Outcomes will inform practice and policy development, helping professionals to recognize young carers at the earliest opportunity.

The chosen analytical model for this study offers a unique contribution, using a novel application of the PTMF within the field of young carer research (Johnstone & Boyle, 2018). The key premise of the PTMF recognizes that life's adversities are shaped by social inequality and negative operators of power (Harper & Cromby, 2022). The PTMF shifts power-driven discourse, reframing existing understanding, and forces the questioning of traditional medical diagnostic and biopsychosocial formulaic approaches, those more commonly adopted. It helps to empower personal stories, from models limited by a premise of 'what is wrong with you' to one that enquires with sensitive curiosity, 'what has happened to you?' (Johnstone & Boyle, 2018, pp. 806–807). As such, experiences of children who provide caring responsibilities in early childhood are considered and reflected upon to help understand the 'wavering silences' of YCEC's voice within broader young carer discourse (Spyrou, 2016, p. 12). The PTMF offers a potential alternative framework to

existing young carers needs assessments which may be limited in scope to identify both mental health needs and the impact of caregiving for YCEC and their families. As such, this study advances family science through the critical examination of YCEC and broadens the scope of the field's methodological and conceptual possibilities.

The following extracts offer insight and analysis into the experiences of four children and their families, who have so far sat outside the language of power (Stacey & Loptson, 1995). As such, findings highlight systemic failings of society to fully align legislation into all aspects of family policy and practice guidance concerned with young carers. Whilst limited in range, this article is novel in its consideration of YCEC as a specific group of young carers. The work aims to provoke further enquiry, serving to empower YCEC's voice through greater allyship and advocacy with children who care for a family member during their early childhoods.

2. Materials and Methods

2.1. Design and Procedure

The case study was selected to capture a snapshot of experience within the rich ecological tapestry of YCEC (Bronfenbrenner, 1979). Influenced by Stake (Stake, 1995) and Merriam's (2009) social constructivist paradigm, case study methodology provided a qualitative approach to exploring existing constructs of young caregiving, recognizing that current understanding may be limited. The method draws from a range of data likened by Stake (1995) as providing an assortment from which the researcher may draw. This included interviews, documentary data, and reflective journaling of the researcher (Janesick, 1999).

Whilst the approach has been criticized for its fluid and non-directional nature (Hyett et al., 2014), considered by some as lacking rigor in comparison to other methods of research, case studies provide a platform from which participants have an element of control. Participants were empowered to choose how much or how little they shared about their experiences. As such, the balance of power between researcher and participant sought to become more equitable. The case study helps to illustrate the phenomenon of YCEC to capture nuances which may be overlooked by other methods, gaining insight into a world that has not yet been broadly investigated (Berg, 2003).

The researcher acknowledged the uniqueness of each young carer's experience yet recognized a meta-narrative unveiling to help influence the need for further research. As such, the PTMF was employed to examine its first application in the context of young carers. This offers an alternative to individualized case analysis and offers strength in the co-construction of shared narratives to help understand distress concerning power, threat, and meaning. This article centers on the lived experiences of three families. Two case studies were conducted with families who each had a young carer aged 4 years old at the time the research took place. The third case study offered a retrospective account of the lived experience of two now adult siblings, supported by documentary data obtained by the participants by subject access request (SAR), with records dating back to 1994. This helped to support the reliability of representations of early childhood experiences.

2.2. Procedure

One semi-structured interview (Appendix A) and two informal interviews were conducted with adult participants online, and in some cases in person, providing primary interactions between the interviewees and researcher (Kvale, 1996). Interviews between parents and children were conducted at a time of the family's choosing to respect their autonomy and agency to take part. Young children's voices were advocated for through the notion of voicing, advocating for those less well represented (Alves et al., 2022). Recognizing that voice is not limited to dialog alone, children were observed at play and invited to

draw pictures (Lawrence, 2022). Sources of data included reflections relating to documents that the families felt able to share with the researcher, including short reflections and observations made of children’s play, formal assessments, and reports, applying Clark and Moss’ (2011) principles of the Mosaic approach when listening to young children. The researcher acknowledged the power presented within the silence of early childhood experience in broader young carer discourse. As such, children were given space and the opportunity to assert their assent and dissent for participation at each stage of the research process. This was respected through conversations and observations of children in consideration of their well-being, bodily autonomy, dignity, and rights, before, during, and following research activity (Mead Jasperse et al., 2023).

2.3. Participants

All participants were recruited by convenience sampling. Inclusion criteria stipulated that a young carer must be providing or intending to provide care to a family with disability, addiction, illness, or mental health conditions, as defined by the Children and Families Act 2014 (Gov.UK, 2014). Three families took part in the study: 4 adult participants and 2 children aged 4 years. All participants were female and identified as White English. Two families were living in households solely reliant on state benefits. All participants lived in England. Primary and secondary data were obtained from participants involved in the lead author’s ongoing PhD research. Such relationships between the participants and researcher span a considerable length of time, with initial data collection starting in 2022. A brief vignette of each family is presented for context (Table 1). These describe the nature of the caring role and key concerns raised by each family regarding the impact of such.

Table 1. Case study vignettes.

Family A Lily, aged 4 years old, lives with her mother, Emma, a single parent raising three children, Lily, and her brothers, aged 8 and 11 years old. Emma has a diagnosis of Bipolar and a history of post-natal depression, anxiety, and self-harm. Emma’s mental health fluctuates and is largely maintained with medication and therapy, including talking therapy, cognitive behavioral therapy (CBT), and dialectical behavior therapy (DBT). Due to her condition, Emma often requires support with day-to-day tasks. Emma is a full-time mother. Emma’s support network includes her mother and stepfather, her daughter’s biological father, and her son’s biological father. The family has a family support worker allocated through the middle child’s primary school. The eldest child attends the local secondary school. He has anxiety and, at times, exhibits challenging behavior, particularly towards his younger siblings. He does not have any formal medical diagnosis, but Emma suspects that he has ADHD. He is engaged in education, although he has recently been referred to CAMHS (Children and Adolescent Mental Health Service) for support. The middle child is undergoing assessment for Autism and ADHD. He has a history of speech and language delay and can find separating from Emma difficult at times. Lily attends pre-school for 2.5 days per week. Emma is concerned about the impact her mental health, and that of her older children, has on Lily and her future health and well-being. Lily’s caring role fluctuates depending on the physical and emotional needs of her family members. Her caring role includes providing emotional support, predicting and anticipating family members’ behaviors, and she has experience of bullying as a result, and is impacted by poor sleep quality and frequent nightmares.
Family B Jo is four years old and lives with her mother and older sister. Jo’s mother, Jen, is a single parent raising two children aged 7 and 4 years old. Jen has a diagnosis of Ehlers-Danlos syndrome (EDS), a condition that affects connective tissue and mobility. This sometimes leads to periods of hospitalization. Due to the nature of her condition, she often requires support with everyday household tasks. Jen has occasional support from her parents. There are no other services involved with the family other than medical and healthcare professionals supporting Jens’ needs. Jen is employed part-time.

Table 1. *Cont.*

The eldest sibling is Autistic. She currently attends mainstream primary school, although her needs are not well supported. She faces difficulty processing and verbalizing her thoughts and feelings, which can sometimes result in challenging physical behaviors, particularly toward her younger sibling.

Jo attends a combined foundation stage unit with mixed age groups of preschool and reception children. There are no present concerns regarding her development. Jen is concerned regarding the impact the needs of herself, and her eldest daughter are having on Jo's mental health and well-being, and her opportunities to access the community to have a break from her caring role. Jo's caring role includes help with household tasks to assist her mother in coping emotionally with periods of hospitalization; providing emotional support; and managing practical household tasks, which leads to poor sleep quality.

Family C

Sarah and Shoshana are adult carers with living experiences of young caring, which began in their early childhoods. Sarah and Shoshana's mother has a diagnosis of cerebral palsy, a moderate learning disability, and epilepsy—she receives income support and disability benefits. Sarah and Shoshana's father is diagnosed with severe clinical depression and registered blind, but he does have some sight. The family lived in social housing in an area of Northern England, which fell into the 10% most deprived areas of the country. The family did not live near any other family members, and both parents had a strained relationship with their mothers' maternal parents (children's grandparents). Sarah and Shoshana's father's parents are deceased. Sarah was born in the early 1990s, her younger sister, Shoshana, is six years younger than Sarah, and their younger brother was born premature in the early 2000s. Sarah shouldered increasing caring responsibilities as a child and into her adolescence and adulthood, this was shared by Shoshana as she grew up. The sisters successfully obtained a subject access request (SAR) formally documenting personal data held about them, including reports, assessments, and notes made by a range of professionals and services over their childhoods. Sarah and Shoshana's caring roles included, but were not limited to, providing emotional support, predicting and anticipating family members' behaviors, coping with periods of hospitalization, managing household tasks, and managing the medical needs of family members, which led to them experiencing bullying and isolation.

2.4. Ethical Considerations

Interpersonal relationships can be described as developing a sense of friendship. Reference is made to [Ellis \(2007, p. 3\)](#) for ethical guidance, who suggests relational ethics guides researchers to conduct heartfelt studies led from both 'hearts and minds.' Both the participant and researcher must acknowledge the interpersonal connection made with one another and take respectful responsibility for the actions or consequences that may arise. [Ellis \(2007, p. 10\)](#) problematizes this dynamic, suggesting that friendship itself does not present a barrier to conducting research, but 'acting as a friend yet not living up to the obligations of friendship' as a caution to ethical practice. Moral responsibility is therefore important when ensuring ethical contracts are constructed and maintained. Such contracts serve to safeguard participants with procedures to adequately aid their informed and ongoing consent. This refers to their right as participants to confidentiality, the right to privacy, and freedom from deception and harm. Each of the participants were empowered to control the content and depth of information shared as part of the research process, including young children, due to the nature of the methodology. Participants were offered voluntary and informed consent, with full disclosure of the nature, purposes, and aims of the research ([EECERA, 2015](#)). Furthermore, participants shared the aims and objectives of the research through active reflection during member checking exercises ([McKim, 2023](#)). Two of the co-authors of this article have been involved in the ongoing research as participants and co-facilitators of some research strands, and as a result, have explicitly waived their right to anonymity. Their dual role as coauthors and participants has been well considered and agreed upon because of the contribution they have made to the wider sharing of their perspectives and experiences, beyond the scope of this study. Participants from the primary study have been given pseudonyms to protect their identities.

[Slattery and Rapp \(2003\)](#) liken relational ethics to conducting oneself in a manner that ensures researchers remain accountable for their actions. [Marmot \(2015, p. 183\)](#) states this

poignant work demands ‘radical reciprocity’ to be successful. It can play a fundamental role in self-fulfillment and personal growth and requires a degree of autonomy and power to achieve an ethical balance. However, recognition of the potential for relationships to feel compromised was given to bias and subjectivity; this was defended by [Braun and Clarke \(2022\)](#) who respect researcher subjectivity as an important means of analysis ([Gough & Madill, 2012](#)). As such, the lead author openly acknowledges the subjectivity that may be presented due to their personal lived experience as a young child born to a young parent who experienced mental and physical health challenges. These considerations highlight the vital role an ethical contract plays in providing clarity and honesty in the research relationship.

2.5. Ethical Approval

Ethical approval was obtained from two institutions. Both ethical approvals were obtained independently and adhere to the respective institutional ethical guidelines governing human subjects’ research. Approval for use of secondary data was granted in reference to ethical approval obtained by the University of Hertfordshire, where the secondary data were originally collected and anonymized per the guidelines. Primary data collection was reviewed and approved by the University of Plymouth in 2024 (2024-4932-6408), which has oversight of the lead author’s PhD research. In all cases, ethical standards following the European Early Childhood Education Research Association were upheld when conducting research with children in early childhood, along with standards outlined by the British Psychological Society ([British Psychological Society, 2021](#); [EECERA, 2015, 2024](#); [Long-Sutehall et al., 2011](#); [Johnstone, 2022](#)).

2.6. Data Collection

The lead author conducted all data collection. The decision to undertake secondary data analysis satisfied the aims detailed by [Long-Sutehall et al. \(2011\)](#) to address a sensitive research area with an elusive population. In this case, YCEC, who were not known to young carer services. Secondary data were collated over four months during 2022 as part of an unpublished master’s degree dissertation ([Ellicott, 2023](#)). Interviews were recorded, transcribed, and anonymized, and stored on a secure platform. The decision to revisit the data was made to maximize the usefulness of the data ([Hinds et al., 1997](#)) and investigate the use of a framework that differed from the primary analysis ([Ruggiano & Perry, 2019](#)).

Primary data were collated during three months in 2025 and subject to the University of Plymouth’s ethical approval (2024-4932-6408). Discussion of all findings and themes were reviewed by the lead author, and reflections shared, in discussion with persons with living experiences (PWLEs) to strengthen the lead author’s understanding as part of a process of data familiarization. All adult participants were provided with the transcription and analysis of their data and were allowed to comment, applying synthesized member checking, to ensure that the themes were representative of their experiences ([Harvey, 2015](#)). Revisiting material with families and children allowed for deeper reflection through metacognition, which enabled participants to process and reflect on their perspectives at a different point in time, allowing them to ‘think what they think,’ principles shared at the heart of the Mosaic approach, [Clark \(2017, p. 156\)](#).

Consideration was given to ensure that the research questions between primary and secondary analysis were justifiably close. In this case, the primary study sought to capture the ontology of young carers in early childhood, with the research question evolving as part of the polyvocal investigation of YCEC as a PhD program of research. Both research questions sought to explore narrative investigations to better understand the living experiences of YCEC.

2.7. Analysis

Deductive qualitative analysis utilized dual methodological approaches, offering rich nuance to test an existing framework in an innovative way. Thematic codes were drawn from the data sets by applying reflexive thematic analysis, recognizing the researcher's perspective in shaping the narrative (Braun & Clarke, 2022). Codes were categorized into predetermined themes through novel use of the PTMF, defined under headings of 'power,' 'threat,' 'meaning,' and subheadings 'threat responses' and 'strengths' (Johnstone & Boyle, 2018). Exploration of the application of the PTMF has been encouraged by the creators of the framework to expand its use beyond individual therapeutic applications (Colbert, n.d.), with examples from similar fields available (The British Psychological Society, 2018).

Participation of the PWLE co-authors involved review and editing through discussion of findings and analysis. This co-creation added credibility and trustworthiness to a robust process, supported by a course of supervision and deep reflection between the lead author and supervision team at each stage of the research process (Dembele et al., 2024). Manual methods of coding were applied, without the use of qualitative data analysis software (QDAS) (Schmieder, 2020). This met the needs of a small-scale project.

3. Results

The findings illustrate examples of present and historic systemic power in multiple forms. As a result, real threats exacerbate known vulnerabilities, including exposure to risk and harm to YCEC's embodied well-being. This recognizes the intersection between our experiences and mental, physical, and emotional health. Consequently, YCEC are not well protected by the legislation mandated for their safety and well-being. This presents a chronic lack of awareness, embedded throughout society, of the nature and extent to which very young children provide care and the impact of such experiences throughout life. In response, families withdraw due to mistrust, feelings of powerlessness, and a lack of agency in decision making. Finally, strengths were identified, with caution, through examples of protective factors in the lives of participants. Case study vignettes were constructed from data to help contextualize the findings (Table 1).

3.1. Power—What Has Happened to YCEC?

The PTMF offers examples of multiple power forms, which, when not promoting positive outcomes in one's life, result in negative consequences. Complex negative operators of power are present in all aspects of YCEC's lives. Interpersonal power, the influence within relationships, was clear through examples that confirmed a sense of conflicting responsibility and sometimes fear and concern for family members as a result.

Jen: Do you love your sister?

Jo: Yeah

Jen: And does she love you?

Jo: Yeah, but I don't like her hurting me.

Jo's expression of conflicting feelings towards her sibling sometimes led to fractured relationships between family members; Lily also articulated her feelings, in her case, her perception that '*my brothers hate me.*' Disruption of interpersonal relationships led to heavy burdens of responsibility for YCEC, and when left unidentified, the level of responsibility increased. This theme was also mirrored by Sarah and Shoshana's experience.

'During my visit, I witnessed [child A] get upset with [child C] because [they] would not listen and do as they are told by Dad. [Child A] stepped in and took over, taking [them] to

the bedroom to calm down. [child A] says, “[child C] stresses Mum and Dad out because they don’t understand that they’re ill.” Health Visitor notes (SAR)

YCEC in this study were subject to ideological power, influencing social perceptions of who young carers are most likely to be. Children’s role in the makeup and functioning of family life is often perceived in contradiction to the role of caregiver, with professionals from a range of services not harnessing opportunities to explore vulnerabilities presented. The act of caring makes one a caregiver; the impact of such is harder to recognize and quantify due to the complex and multifaceted dimensions of individual needs and experience.

In all cases, multiple professionals and agencies were involved in the care and support of each family’s broad and complex health needs. These included mental health professionals, general practitioners, health visitors, midwives, early childhood practitioners, local authority benefit assessors, local authority school admissions officers, local authority education providers, clinical staff of NHS services, third sector organizations, police, and social services. At no point were any of the children recognized as YCEC or identified as potentially taking on an inappropriate caring role.

Despite professional involvement, family members described a lack of awareness from professionals, devaluing the child’s role as a YCEC, and portraying services as offering nothing by way of support to young children with the impact of caring.

‘She is so ‘Lily’ that they don’t see, they don’t know that I’ve got anything going on, they don’t know that the boys have got anything going on, to them our family life looks ok.’ (Emma)

3.2. Threats—How Does This Affect YCEC?

Negative operators of power present threats that directly affect the experience of being a YCEC. Where families had proactively sought support for YCEC through self-referral to Early Help, they were advised that the commissioned services operating in the given local authorities did not recognize YCEC as eligible for assessment of need or signposted to tailored young carer support until the age of eight years. Commissioning agendas in this case were shaped by the ideological framing of young carers, and because of this, misinterpreted legal powers, which subsequently inhibited the right to an assessment of need. Consequently, a lack of awareness threatened the social and cultural capital of the YCEC. This excluded YCEC from accessing young carer communities and networks offering specialist services of support at the earliest opportunity. Furthermore, this limited tailored support from services and trusted adults already routinely encountered by children.

Carly: All three schools, though, are aware that each child and yourself have various specific needs; has anybody put you in touch with a young carers service or referred you to it?

Emma: In (middle child’s) school, they said they were going to when (eldest child was there, and then the SENCO (Special educational needs coordinator) left, and a different SENCO started, and I had no follow-up. . . . I brought it up with the second SENCO, the one that took over, and they said they would put me in touch with young carers, and no one ever did, so I just gave up.

Carly: . . .and has the preschool ever spoken to you about it, or Early Help Hub (referral) for Lily?

Emma: No, not for Lily.

This lack of acknowledgment threatens the self-identity of YCEC. The term young carer was observed by the researcher as not always meaningful to the young carers, nor applied by children or professionals consistently. Inconsistent use of professional terminology, as

specified within legislation, created a barrier to recognizing the needs of families holistically, and as a result, young carers were left to navigate their personal, social, and emotional development, and personal health and care needs without access to tailored support. Furthermore, threats of physical harm and experiences of actual physical harm were present. In Sarah's case, multiple records noted serious injuries sustained during the first three years of her life. A Health Visitor conducting a home visit following a concern concludes *'child A is a clumsy child, and the house was safe (fire guard, safety gate, etc.) [Mum and Dad's] disabilities don't help.'* (SAR). The threat of not recognizing YCEC rendered the children silent in this context, devaluing both the identity of the parents and the children through a lens of ableism. Records leaned towards confirmatory bias, beliefs skewed by societal norms of embodied power, dismissing the needs presented without fear of challenge by the professionals concerned. Further themes of disempowerment were shown even where young children articulated their caring responsibilities explicitly.

Sarah, aged six years old at the time, demonstrated exceptional maturity, advocating for the needs of her younger sibling due to lack of parental advocacy. *'(Sarah) often attended these (GP appointment) alongside Mum and provided answers to questions about their (her baby sisters) development, where Mum could not answer'* (SAR). Sarah asserted her caring responsibility. Yet in all cases, professionals delayed the identification of the YCEC despite known socioeconomic disadvantages, which at times further compounded ongoing threats to the YCEC's ability to make choices, access support, and compound experiences of isolation of all family members.

3.3. Meaning—What Sense Do YCEC Make of Their Experiences?

YCEC in this study were not consistently recognized or valued as such within the wider social worlds they inhabited. This made it difficult for them to make sense of their experience or attribute meaning to their caring roles.

Sarah reflected retrospectively, recognizing that considering meaning during early childhood is difficult without adequate support and recognition. Particularly, she felt lacking in guidance to help set healthy boundaries and differentiate between acts of caring and caring responsibility *'Because I was born into my caring role, I had no frame of reference, and so understanding meaning was hard until my late teen years, when I started to be exposed to other forms of family life.'* As a consequence, in adulthood, Sarah recognized the impact the lack of meaning had on her mental health. *'Now as an adult, I have battled with thoughts that caring for others above myself is my only purpose, and have had to explore therapy to overcome deep feelings of worthlessness and shame. As a teen, I felt pride for my caring role; I felt responsible and 'grown up' and was able to advocate for my parents once I became old enough to really use my voice, a skill I have used in my career.'* (Sarah).

A common reflection of the lead author considered how the young carers in this study constructed meaning during times of heightened stress (predicting and anticipating family members' behaviors; coping with periods of hospitalization; providing emotional support; managing practical household tasks; experiences of bullying; and poor sleep quality). Often in response to these experiences, young carers exuded empathy and maturity beyond their years. For example, it was noted in records that *'Sarah is holding long, meaningful conversations with staff here and now and [they] would soon make us aware of any cause for concerns, we all agree'* (SAR). Sarah was three years old at the time and advocating atypically for the needs of her family members without guidance or support. Additionally, YCEC often articulated a sense of agency; for example, Jo expressed a level of autonomy and self-awareness in making choices relevant to beyond her caring role.

Jen: Do you have to do things to help me, do you think, or do you just do like some of your friends do?

Jo: Yeah

Jen: Yeah, bit of both, maybe? you're very helpful at taking things upstairs for me, aren't you?

Jo: Sometimes I ignore you, and that is very rude

Jen: Sometimes you do ignore me, and that is rude, but I think most children ignore their mamas at times, but I wouldn't worry too much.

YCEC offered powerful expressions of their experience and articulated these to adults in a range of contexts. Yet, outside of this study, their voices were disempowered by structural forces within society through misperception of their role, identity, and subsequent needs. The young carers in this study did not necessarily express any obligation to care, but they accepted such within the construct of their realities.

3.4. Threat Responses—What Do YCEC Do to Cope?

The strategies adopted by individuals to reduce or mitigate threats, and their impact can be described as threat responses, the actions and emotional manifestations that help one cope when their sense of safety is at risk. Sometimes, for YCEC, these responses manifested as compensatory or learnt behaviors through exposure, '*She copies (behaviors), she's taking that on. . .*' (Emma). YCEC were often communicating a need for support through observable behaviors, in addition to their verbal articulation, voicing their needs in multiple ways. This further threatened the functioning of the family, adding to the already complex demands on parents and often grandparents.

The PTMF presents a summary of the needs necessary for adults to be able to create an optimal basis of growth and quality of life for themselves and their children. Factors that inhibit one's ability to tend to those needs present threats to young children's ability to thrive, increasing their caring responsibilities. Such threats were recorded by professionals in Sarah and Shoshana's case. . .

'(Parent) is struggling with the children's basic care and domestic chores and providing [Child C] with constant care and supervision.' (SAR)

The social ordering of parents perceived as sole providers of care assumes that children within early childhood would not or should not be the ones to provide either. As a result, YCEC's threat responses were unrecognized, or minimized by professionals, such as social withdrawal and difficulty separating from family members. YCEC's ability to regulate feelings of overwhelm was not well supported outside of the core family unit. In an interview with Emma, the researcher noted how she had experienced professional stigmatization, perceiving the headteacher of her son's primary school as having a negatively biased view of her due to the nature of her disability, as such, threatening access to support.

'I have had no communication (from the school mental health team). I had sent them a message as a form had come through for {my son} to fill in from the pediatric team, an ADHD assessment that I had arranged like 4 years ago. . .and I have heard nothing since. . . I don't feel comfortable communicating with them anyway (professionals).' (Emma)

Despite advocating for access to services, family members consider that not enough support is available for young carers in early childhood. As a result, families are left to support and manage threat responses in isolation. Dishearteningly, YCEC remained powerless as systems did not create an opportunity for their threat responses to be heard or understood. As a result, family members developed a mistrust of services, perpetuating silence in response to threats.

‘As a parent, there is only so much you can do...there’s no service in [local authority], not any support for young carers at the age of 4, which obviously is important to try and limit the impact of being a young carer or the negative impact of being young carer’. (Jen)

4. Strengths

The consideration of strengths is central to the construction of PTMF narratives. Empowerment begins with knowledge and awareness. All children within this study either have or are currently growing up with knowledge and experience of the cared-for conditions, symptomatic behaviors, and knowledge of how to respond to their families’ unique makeup. This makes them experts in their experience.

Limited networks of support played a role in contributing to protective factors, particularly support from family members outside of the nuclear family, including grandparents. All of the young carers valued their relationships with their grandparents. Sarah and Shoshana described feelings of safety and security offered by regular visits to stay with them. However, the strength and value of this were not recognized by professionals, consequently disempowering whole family approaches to optimal, timely support.

‘Mum cannot always respond quickly to Child A, and they do not receive any support from their small extended family, and do their best under the circumstances’. (SAR)

Professional curiosity concerning benevolent factors that may support each of the families was found to be lacking, despite families having access to family support, and all children involved in this study attending early childhood care and education services, primary school, and in some cases, temporary respite, and foster care. Often, families initiated requests for further support independently, yet systemic powers prevented this strength of voice from being acted upon further.

‘The family support worker was lovely, very very helpful. ...so explained a bit about it and she said that she would refer to the young carers service, and eventually they contacted me, and it did take quite a while and, and basically, they said come back when she’s 8 (years old).’ (Jen)

5. Discussion

The findings drew upon the individual realities of each person’s subjective experience, dependent on the context and social setting of their family lives (Bronfenbrenner, 1979). Collectively, these experiences inform the development of a meta-narrative which identifies an overarching demonstration of systemic disempowerment. YCEC’s voice and representation within established systems of whole family support (education, health and social care) have been lost. The PTMF illustrates the fluid and bidirectional nature of power and the operations of such. This is supported not only in the recent experience of families, but throughout the historic experience of both Sarah and Shoshana, demonstrating implications across the course of their lives (Erikson, 1950). These insights help to bridge the intersection of what may be constructed as developmentally appropriate acts of caring and the structural framing of caring responsibilities within families where very young children become carers.

As with the original intention of the PTMF design, each element holds influence over the next; power operators present threats, these attribute meaning and consequential responses which have been experienced, in this case, collectively by participants (Johnstone & Boyle, 2018). This study presents an opportunity to pause and reflect on what is known and understood when considering culturally valued competencies of young caregiving, particularly relating to the age at which young children provide care and the impact of such within family life. The Oxford Dictionary defines care as *‘the process of caring*

for somebody/something and providing what they need for their health or protection' (Oxford, 2023). For young children, the innate instinct to form attachments to primary caregivers is universal, and the process of which is adaptive. When a primary caregiver or close family member becomes a person who needs care, the provision of health and protection falls (in this case) to YCEC in the absence of appropriate internal or external support. Where whole family approaches to assessment have failed to address the needs of YCEC internally, within the family unit, or externally through policy and practice, professionals have misaligned legislative mandates with the intentions of best practice recommendations (Carers Trust, 2024; Gov.UK, 2014; Joseph et al., 2019; Yghemonos, 2023). Sandall et al. (2000, p. 32) propose that assessment affords a 'pivotal event for families and their children; assessment results are used to include or exclude children from specialised interventions that can change their developmental destinies.' Structural power influences societal beliefs of who young carers are most likely to be, this presents conflict to professional perceptions of young caregiving and recognition of such at the earliest opportunity. As a result, normative social and emotional development may be compromised, impacting family functioning, and as such, requires further investigation.

Whilst examples from data presented in these results are separated by decades of legislative change, all young carers included in this study were rightfully entitled to specific safeguards in England under the Children Act 1989 17za stating '*A local authority ... must assess whether a young carer may have needs for support and, if so, what those needs are.*' (Gov.UK, 1989). There is no age limitation attached to this mandate, with childhood clearly defined as '*a person under 18 years of age*'. Systemic structural operators (organizations and infrastructures) within society needed to uphold legislative mandates have failed in this case, to harness the potential for legislation to mitigate risk and prevent escalation of inappropriate caring roles in practice. Despite known impacts associated with young caregiving in later life (Bowman Grangel et al., 2025) none of the children involved in this study were offered a young carers' needs assessment during the period of early childhood (0–8 years). Nor did professionals bound by a duty of care (responsibility to protect children) make a sensitive enquiry into the nature, extent, or impact living with a family member/s requiring care had, or may have, on the children concerned. This is further evidenced in a recent NSPCC report (NSPCC, 2021). As a result, YCEC have been disempowered by structural ignorance stemming from passive oversight of society's youngest carers, failing to think of 'young carer' through a lens of prevention and whole family support within all aspects of society (Leu et al., 2021). This is particularly poignant when considering the impact that a caring role has in relation to children and young people's long-term mental health and well-being, particularly where the duration of a caring role is a considerable factor (Janes & Melendez-Torres, 2025).

Adultism (misuse of adult power) in this context has informed perceptions of young caring, influencing measures of young children's capability, and moral judgment of such events (Varella, 2024). Such failures result in wavering absences of YCEC representation within national data, family policy, and training for and with public, health, and care, early childhood care and education, and education sectors. Consequently, the absence of YCEC's voice and participation in young carer research has further deepened the void in knowledge within the field of family science. The paucity of the young carer literature concerning YCEC presents a threat to future policy development, particularly through a lens of prevention without meaningful commitment to address this. The information most shared and understood are stories of those most generally heard and accessible to researchers, i.e., studies involving young carers already known to specialist services, and with children who are perceived as easier to engage with (Ellicott et al., 2025). The resulting cycle supports Stevens et al. (2024) suggestion that evidence does not yet clearly define

how effective support might best be provided for families with young carers, even with the current political promise to value early childhood as a national priority (Labour, 2024).

The results illustrate the escalation of inappropriate caring responsibility throughout early childhood, where a lack of awareness led to negligence of those in authority to mitigate the risks of inappropriate caring responsibilities. Commonly, young carers are unidentified for a decade from the point at which caring begins, yet lessons from earlier research have not consistently fed into practice (Carers Trust, 2023). Aldridge and Becker (2003, p. 73) forewarned us of adult bias towards children who care. ‘... I mean I was told ‘you’re a little girl, what do you know? ... I live with my mother, I see it.’ Nevertheless, more than two decades after publication, this powerful statement is reflected to us through the findings of this study. The field of interest has grown, yet the extent to which influence extends awareness to all levels of society and government, concerning YCEC’s needs concerted focus (Leu et al., 2021).

Recommendations made in a recent Thematic Local Child Safeguarding Practice Review (Brownjohn, 2024) urge local authorities to analyze how statutory duties are met regarding young carer support and identification. The report considers the effectiveness of multi-agency work between education providers and other agencies and questions the accessibility of mental health services available to young carers. As with the young carers in this study, children with caring responsibility subject to SCR are not always identified as young carers and despite being well known to services. These children are only recognized as young carers because of the enquiry. This is inexcusably too late and highlights a significant threat to family functioning, vulnerability of family separation, health, and well-being. These cases are not isolated and further reflect threats identified within this study, with evidence of sensitive and curious enquiries found lacking. ‘I wasn’t able to see evidence of professionals working with the family actively considering whether any of the children might be considered young carers.’ (Local Child Safeguarding Practice Review (LCSPR): Child F, 2024).

An added threat presented itself to the perceived (or actual) empathy and resilience of young carers as they navigated the meaning-making of their experiences alone. Left unrecognized and without specialist support, young carers internalized their thoughts and feelings, impacting their personal, social, and emotional development. This correlates with evidence, often characterizing young carers as exhibiting higher levels of empathy and resilience than their non-caring peers, often to their detriment (Berardini et al., 2022). Anthony et al. (1978) wrote of ‘invulnerable children’, the early conceptualization of what we now understand as resilience in childhood. Rutter and Rutter (1993) put forth an explanation that recognized the spectrum of resilience in terms of how we might resist detrimental consequences of stress and vulnerability, depending on multiple factors that protect us from, or at least help to minimize the negative outcomes of our experiences. From the perspective of developmental psychopathology (Cicchetti & Cohen, 1995), developing empathic responses to others’ distress is a critical factor in the healthy course of development and is consequently often considered a strength amongst young carers (Hawken et al., 2024). Yet, when the path of emotional development is disrupted (because of caring responsibilities), maladaptive outcomes may become evident. These have been described as “risky strengths” (Tone & Tully, 2014) in the context of this study; perceived empathy and resilience may increase vulnerabilities and the future mental health and well-being of children and young people as a consequence.

Aldridge and Becker (2003, p. 75) discussed findings within their early research that considered ways in which children caring for parents with mental illness may ‘collude in the silence and secrecy surrounding their family circumstance and caring responsibilities.’ As such, perpetuating their sense of responsibility toward the cared for. This was reflected to some

extent in the findings of this study, with sentiments alluding to insular coping mechanisms and loss of trust in those with the power to lessen the burdens placed upon the family members and young carers themselves. In this case, silence becomes a threat response as documented in the context of shame and stigma concerned with ableism surrounding mental health, and caregiving more generally (Seethaler, 2020).

Family narratives are critical to understanding a child's world, and absolutely vital when children are very young. The children in this study did not necessarily collude in silence; they very clearly expressed voice, capability, and agency to a range of adults and professionals. Assessment of the needs of YCEC is not a gift for adults to offer, it is their statutory obligation to provide, with responsibility to listen deeply to what is presented to them at every possible opportunity.

Dickerson and Zimmerman (1993) suggested that storytelling is critical when creating meaning from experience, yet seemingly, YCEC have been afforded little opportunities to be heard. The findings identify a need to challenge narratives that influence family policy and practice, and what society perceives in the context of young caregiving more broadly. We must work swiftly to capture the ontology of families and YCEC, raising greater awareness in order to lessen the long-term known impacts of young caregiving.

Limitations: Limitations of this study exist in the small sample size and therefore subjective nature of documenting the trends and experience of only three families. A cyclical barrier presented itself during recruitment, where the lack of identification of YCEC presented limited access to families who met the inclusion criteria. A deductive application of the PTMF may influence understanding of the nuance of experience; however, exploration of dual methodologies has helped to counterbalance such risks and enhance reflexivity within this process. Consequently, further research is needed to help develop a robust provisional pattern within the PTMF that can be understood and applied more generally and cross-culturally.

6. Implications for Research and Practice

The need to increase interprofessional training and awareness and develop understanding of whole family approaches amongst professionals to recognize the vulnerabilities associated with YCEC is of paramount importance.

Advocating for the inclusion of YCEC in broader young carer narratives and family policy lies within the power of the listener, the observer, the professionals, the researchers, and those who engage with children and their families in any and all capacities. All hold the power to support YCEC as agentic experts in their own lives (Luini, 2022). In doing so, increased awareness serves to mitigate risks in the present and in later life. To achieve this deeper enquiry is essential, as Lindeke et al. (2006) suggest that children's points of view must be sought at regular intervals, and information gathered should therefore inform ongoing, continual assessment, as needs are likely to fluctuate. The PTMF aims to empower personal narratives, steering focus away from models of medical pathology and building bridges between threats and threat responses. The framework creates provisional patterns that others may use to reflect upon and help to make meaning of their own experience. Therefore, further narratives are needed, beginning in early childhood, to develop this work robustly. Such work serves to challenge existing perceptions of family functioning and value more greatly the cultural capital of YCEC. In doing so, recommendations are made to give YCEC a level of attention as a specific group of young carers, equitable to that of young carers and young adult carers. This should be reflected in family policy and practice guidance to help professionals recognize and identify YCEC at the earliest opportunity. To achieve this, greater accountability must lie with local authorities and

statutory health, care, and education bodies to ensure that legislative obligations extend to young carers of all ages, beginning in early childhood.

7. Conclusions

The application of the PTMF in the context of YCEC helped demonstrate systemic powers that have created barriers, fostered through current family policy and practice, to prevent awareness and recognition of children who care for a family member/s during early childhood. YCEC are not consistently acknowledged in the broader field of young carer and family systems research, the literature, and policy domains, as systems have not always created that space for them. As a result, professionals and broader society have been bound by what is already known and understood. Findings demonstrate the systemic power held within the lives of YCEC and consider threats that worsen vulnerabilities, including exposure to potential and actual harm. Findings highlight a lack of integrated whole family support, a lack of awareness from vital services, including health, social care, early childhood, and education sectors, and an overarching failure to consistently recognize young carers in early childhood through social policy.

Future empowerment requires a lens of prevention and curious enquiry to help shape a future young carer agenda. The tripartite structure of the PTMF offers a heuristic approach to understanding within the framing of three interrelated pillars; one cannot exist without the other. Recognizing the operations of power in the lives of young carers and their families using this approach can help to dismantle preexisting barriers by de-escalating reliance on medical models and existing biopsychosocial models, which tend to assume a person's experience rather than seek the meaning and strengths within it. YCEC are not hiding; they require society to support and empower how they are perceived.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study. And for children, written informed consent was obtained from the parents.

Data Availability Statement: Data supporting this study is not publicly available due to ethical considerations related to the protection of vulnerable participants and their family members. Researchers interested in discussing aspects of the data or methodology can contact the corresponding author.

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Conflicts of Interest: Written informed consent has been obtained from persons with lived experiences to waive their right to anonymity as co-authors of this paper.

Appendix A

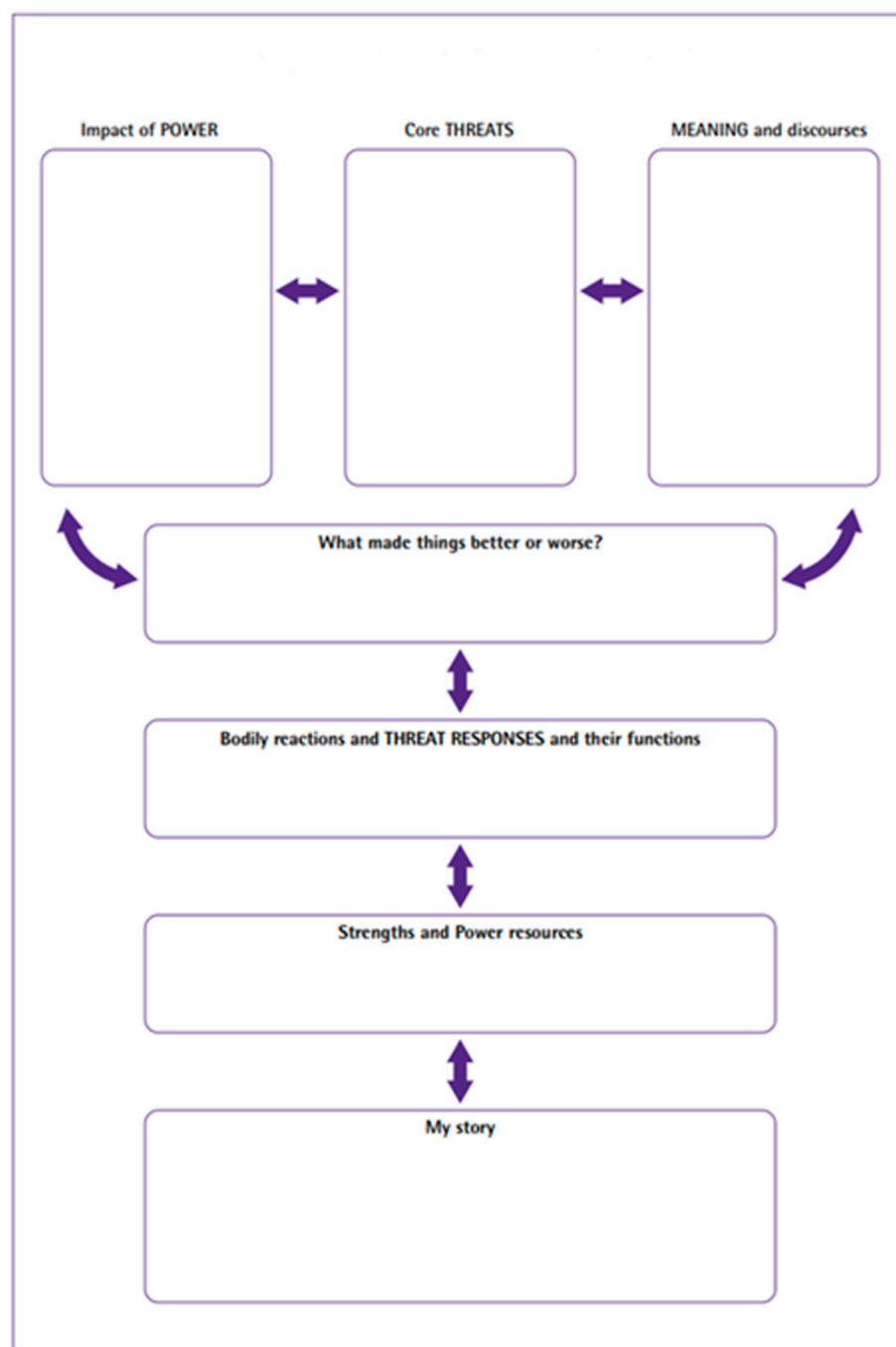


Figure A1. Power Threat Meaning Framework Template (Johnstone & Boyle, 2018).

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