

'If they don't recognize it, you've got to deal with it yourself': gender, young caring and educational support

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Abstract

This article discusses some of the findings of a small-scale, localized, qualitative study involving children and young people identified and processed as young carers, that are providing 'substantial care' for an adult while in primary and/or secondary school. It explores their views on managing to 'care more' whilst at school and the role that teachers and schools do and could play in supporting them. The voices of young carers suggest that educational support should be available 'as soon as' children become primary carers. The interviewees were critical of the factors that they perceived compromised their 'performance' at school. Some implications of these findings for implementing strategies for carers in schools are discussed.

Introduction

There has been no previous research concerned specifically with gender, young caring and educational support. The gender dimension of young caring has been highlighted by some studies, which suggest girls are more likely to be young carers and are caring more often for women, usually their mothers (Page, 1988; Aldridge & Becker, 1993; Beach, 1994; Dearden & Becker, 1995).

According to surveys, there were somewhere between 10,000 and 50,000 young people under the age of 18 who were primary carers in the UK in the Nineties (O'Neill, 1988; Page, 1988; Becker, 1995; Walker, 1996; Thomas, 1998). Young carers have been defined by the Blackwell Encyclopaedia of Social Work as those under 18 who carry out, often on a regular basis, significant and substantial carry tasks, and assume a level of responsibility which would be associated with an adult (Becker, 200, p. 378). Today, there is still no universally accepted definition of what constitutes a young carer and the difficulties in calculating estimates of young carers remain. There has been a formal acknowledgement of carers, of all ages, in legislation with the passing of the Carers (Recognition and Services) Act 1995. Important landmarks for young carers, the National Strategy for Carers (HM Government, 1999) for England and Wales and the Strategy for Carers in Scotland (Scottish Executive, 1999), looked specifically at meeting the needs of children and young people who care, with firm proposals with implications for key stakeholders including education services.

In early research, young carers were often conceptualized as 'adults before their time', teenagers burdened with the care of a (stereotypical) disabled parent and having their schooling and leisure opportunities curtailed. From a broadly critical perspective, recent research has recognized the reciprocal nature of caring relationships (Becker *et al.*, 1998; Tucker & Liddiard, 1999; Lloyd, 2002; Stalker, 2002). Whatever the level or nature of the care provided, researchers argue that it is the impact of caring on the child's development and opportunities which determines their need for support. There is particular concern about children and young people who meet 'critical' needs, i.e., where the person needs help with unexpected and unpredictable frequency, as well as those who are providing regular care.

Community care legislation such as The NHS and Community Care Act (1990) and subsequent policy has assumed that family members will be the predominate providers of care in the community, with state provisions acting as a 'top up' in some cases. Community care in many instances really means care by women (Wilson, 1982; Johnson, 1999) as women of all ages meet these expectations in supporting family members. It has been argued that girls may take on care-

giving roles specifically because of gender assumptions (Aldridge & Becker, 1993; Dearden & Becker, 1995).

Young carers, particularly girls, will do the same substantial caring or support work with a relative in the home as adult carers but in doing so often set themselves apart from friends and peers who may not have such responsibilities. In some families, the child or young person will be caring for an adult without the presence of another adult in the home. Issues at school affecting young carers include completing homework, getting qualifications, being isolated from other children of the same age, having a lack of time for leisure activities and feeling that they are different from other children and unable to be part of a group (Bibby & Becker, 2000).

The National Strategy for Carers, echoed in the Strategy for Carers in Scotland, looked particularly at the situation regarding schools and suggested that schools should provide a young carers' 'link person', responsible for liaison with the education welfare service, social services and young carers projects. This person, according to the National Strategy, 'could benefit from getting to know others who can help young carers and what services are available in the area to meet their needs' (HM Government, 1999, p. 79). The National Strategy also promises to 'promote awareness of young carers in schools through ensuring that teaching on Personal, Social and Health Education includes references to young carers' (HM Government, 1999, p. 80) and 'awareness raising' about young carers in initial teaching training and continuing professional development (HM Government, 1999, p. 80).

Not all children with ill or disabled parents will become young carers. Children and young people living in families with adequate support, services and finances may be resilient to becoming a young carer or may take on minimum caring duties. There is an opportunity for young carers' needs to be identified and reviewed by staff within education services with referral to appropriate voluntary services. This article reports on a small-scale localized study of eleven young people aged 10–17 years, who are the primary carer for a parent, and their perspectives on caring and schooling.

The study

A total of 11 children and young people who are carers were interviewed. They attended four different schools across the Central Belt of Scotland. The six young women and five young men were aged between 10–17 years old (the average age was 13). Eight attended groups aimed at young carers and three other young carers were identified through health visitors. Of those initially approached, six refused to be interviewed when arrangements were planned. The researcher did not have access to their records and relied only on their own reports. The study group can be broadly described as living with both parents and siblings where a parent needed extra care from them. All the families were white, Scottish and had at least one member living in the family home working in full-time employment or self-employment. This homogeneity of the study group had not been elicited directly by the use of selection criteria but rather was the outcome of the recruitment process.

Children were given a general overview of the aim of the research to hear their views about services for young carers. Unstructured interviewing was chosen for two methodological and ethical reasons. Primarily, the approach would allow the young person, rather than the researcher, to guide the conversation to disclose a more vivid picture of the world as they see it. Secondly, research with children and young people about sensitive issues (Cree *et al.*, 2002) can create dilemmas in the power relationships between the researcher and young people. In the present study, although they were recruited via three personal contacts, the children were approached independently by the researcher, who gained consent from themselves and their family. This was an attempt to deal with the researcher's concern that the professional 'gatekeepers' may well have lead them to feel that they had little choice other than to take part. The refusal rate of just over a third of those approached bears a similarity to that of other community studies in the Central Belt of Scotland previously conducted by the author. Three out of eleven children agreed to be tape-recorded while the other eight (two of which started with the tape on but then asked for it to be turned off) were not recorded. Where the interview was not tape-recorded, notes were taken during, with the young person's consent, and more detailed notes made as soon as possible afterwards.

The process of finding a group of young carers to interview is known to be a complex and difficult task (Segal & Simpkins, 1993; Tucker & Liddiard, 1999). This study was no exception, with a fourteen-month recruitment period to gather data from what is a considerably limited number of young carers. I make no claims to the representative-ness of this data. However, the young carers' voices need to be heard and not dismissed as idiosyncratic. The research study relied heavily on their time and willingness to share their experiences. Transcripts and notes of the interviews were individually fed back to each participant to facilitate the commentary about the role of education services in addressing their support needs.

Gender and expectations of caring

Dearden and Becker (1998) found that, in their in-depth case studies of 22 young carers, the likelihood of adopting caring roles was influenced by the family composition and the gender of the person requiring support. Like Dearden and Becker (1998), my research suggests that girls were more likely to be involved in all aspects of care, especially domestic tasks and personal care and were more 'available' for care within the family. In many ways, this reflects wider societal expectations that are placed on women to adopt caring roles and affirms the feminist position on caring (Brody, 1981; Nissel & Bonnerjea, 1982; Lewis & Meredith, 1988; Glendinning, 1992). Certainly the expectation existed in some families that not only will young women 'naturally' possess the skills and knowledge to carry out caring work but that they will also want to do it. As one young carer stressed 'I don't really care for someone. I care for them more because they are disabled'.

Compared to girls, boys had different pressures within the family, such as an expectation that they will discipline siblings:

I'd be shouting my head off saying get ready, get your school bag ready and get your breakfast.

Also, that they will respond positively to crisis situations as they arise:

My wee brother knows what to do—one of his wee friends he remembers the number and he'll just phone up there and say my mum has had a turn.

One female young carer expressed that it was more difficult for boys to get recognition as carers and that they were 'invisible' to pastoral care and other counselling services. She reflected upon the experiences of her older brother who she felt had 'bottled' up anger about being perceived by others as 'lazy' and 'not interested' in school. As a young man, she considered him to lack the peer friendships that young women may have a greater access to at school. Comparing her support systems to her sibling, she stated:

I think it's possibly worse for guys ... because girls make friends easily and you have that connection with your friends. You can tell them anything, you can un-clinch your deepest, darkest secrets and they won't say anything, you know it's like the bonds you have with your best friends it just does not go any further. But with guys it's they don't have that sort of friendship, it's you know having a couple of lads talking about girls but that's about it, that's about as far as it goes, it never gets any deeper than that and they can't really you know get down to what's really going on inside. So I think it's harder.

If the female young carer was unavailable for intimate care (of a mother), the hierarchy of care would lead to support from a male member of the family as a substitute in her absence, as the words of two of the female young carers highlighted:

My brother is okay, my dad cares for my mum as well when I'm not there. If I am not there, my brother knows what to do.

The evidence from the interviews with the young carers supports that in some cases, gender and age both played a part. As one young carer spoke of their younger sibling: 'I think that I should do more because I'm older ... so I do most of the work at home, my mum does some as well'. The young carers interviewed were similar in their responses about the age that they started caring: either they could remember the exact day that it was or generally they felt 'I've always helped out around the house as long as I can remember'. The tasks associated with caring ranged from domestic chores to very personal intimate care. Whilst most young carers performed domestic tasks, intimate care such as bathing or toileting was also done and interviewees were unwilling to discuss this type of care.

Dealing with a changing caring relationship over time, was felt to get easier in terms of developing competencies and confidence in the direct care involved:

[Compared to 3 years ago] we do more stuff and we do it more quicker. We know about my mum's illness now ... we do more stuff yeah.
It was hard for us to deal with and when you're younger, you've got more and more to do.

Balancing schooling and caring

Caring does have connected to it responsibilities that frequently override other activities. Compromises are required and respite tends to come in the form of a few hours here and there. Caring has been shown to impact on the schooling of some young carers. Dearden and Becker (1995) found that some young carers were losing significant amounts of time in terms of their school attendance. Generally speaking in the study reported here, schoolwork did not appear to suffer unduly from carrying out caring duties. The young carers reported their organization of caring in balance with schooling:

There's lots to do but it's not really set duties that you do every day—if my mum needs something doing I'll do it but if my mum needs something made or bought I'll go and get it.

On school days, balancing attendance, homework and caring obligations could be tiring, especially at a young age. One carer reflected that when she was at primary school 'I always felt run down'. Another young carer said that they sometimes went to sleep in the school toilets if they had been looking after a parent during the night. High quality pastoral support systems need to be in place in secondary *and* primary schools. As one female carer stated 'There wasn't anybody ... because in primary school I was never believed'. The female young carers expressed a consensual resilience—'nothing is going to hinder me'—despite a perceived lack of educational support, in coping with the pressure of schoolwork.

The role of schools

Schools would seem an ideal place where young carers could be identified. A recent schools survey reported that both primary and secondary school pupils were willing to disclose their caring relationships to researchers on a questionnaire that would be immediately removed from the classroom (The Princess Royal Trust Stirling Carers Centre, 2002). However, they are less likely to disclose their situation to other children and young people at school. As one female carer said:

The girl ... she was quite a bit younger than me, But I didn't really speak to her, I didn't feel it was my place to go because I would have been a stranger to her and I thought it would be a bit intrusive of me butting in, you know saying things.

The 'Too much to take on' study of young carers' experiences found that one third of the 240 young carers studied believed that their teachers were not aware that they were carers (Crabtree & Warner, 1999). In many instances, teachers were reported as insensitive at times. Young carers felt that their confidences to teachers were often considered 'stories' or 'excuses'. As one Young carer said:

Being a young carer you would never play on it, you would just try and meet the dead-lines and if they don't recognize it they don't recognize it and you've got to deal with it yourself.

Young carers felt that teachers and schools should have a greater awareness and humility about their exceptional circumstances and how their caring relationships may affect their attendance at school and meeting coursework deadlines at exceptional times:

Well I don't think they offer enough support, I mean we've got extra to do at home so it's possibly harder to get to meet deadlines and things like that. But they never sort of that, it's always right homework on this day and there's never like they understand maybe that it's a wee bit more harder, maybe an extra day, it's never that sort of situation.

While there was a consensus within the overall group interviewed that they did not wish for staff to intrude upon their private family matters within the school setting without a formal system of support in place.

I kinda thought that they must know because its on my records, you know it wouldn't be a shock to them—its not exactly something I hide so I think they know about it but they are not really

considering it in anyway.
I think my guidance teacher knows and that's that.

Some of the teachers that know me a bit better they sort of, even then though they don't really sort of understand but they're a bit more lenient if you know what I mean. But some teachers just don't even think about it, it's just, it's the way it is.

A lack of confidentiality and privacy in teacher's practice was a cause for concern:

R: The only people I know did know was my guidance teacher which got passed on to the Head of Year and I don't know if my new Head of the Year knows—probably does when the report gets pass him but I've never mentioned it.

INT: Would you like them to mention it?

R: No ... once it was passed out at registration—we were going away and we had to get Friday afternoon off and there was a few folks sitting around and the folk didn't know about that and then it doesn't really bother me either.

Educational support for young carers

To summarize the views of the small group of young carers interviewed, there were two major areas of educational support that they stressed needed implementing. Foremost, they perceived that schools, both primary and secondary, could be doing more to support young carers through systems of pastoral care.

In school—they are always looking for helpers to do bits and bobs—they could probably have someone in there—if you know there was somebody in class that was a young carer and you had somebody in there that going to mix with all the children, be friends with them all ... if you get close to people, they will talk to you and you will need to get used to them first, if there was a young person or a young carers helper that could go into the class be involved in the games be involved in the work, PE for instance children would go and speak to them—you get used to people you will talk to them eventually.

Otherwise, they felt that some young carers could slip through the net. The young carers interviewed, particularly the girls and young women felt that teachers could actively identify and reviews changes in family situations quicker than other professionals, with a focus on them, the carers, not their family members who are cared for. The person that they cared for was felt to be the sole interest of social workers and the major interest of health professionals. As one young carer spoke of being approached by a health visitor, a decade after she started caring for one of her parents:

I think it was all offered a wee bit too late ... You get past a certain age and you've dealt with it so long there's no point trying to go and analyse it.

Secondly, young carers felt that there needed to be a greater awareness across a range of professionals of the age that children start caring at. Primary school was highlighted as an optimum time for support intervention. As young carers stressed:

I think it needs to be recognized 'as soon as'—when I was in primary school my mum was getting worse and worse and perhaps you go through that change from primary school to high school which is stressful in itself perhaps help during that time offering to join clubs and things then and not when you're already in high school, you've settled, you've got your friends, you don't want any more changes—perhaps while you're making that leap doing another one as well wouldn't be that hard then.

When you're in high school and you're already settled you don't want people talking about you then about things like that ... there's no way of getting over that except at a young age.

I just think that it's quite important to get people when they're young ... primary school can be quite a hard time as well people can be really nasty to you as well ... so offering support then is possibly the key time.

Discussion

In the last decade, sociological arguments about young caring have moved away from problematizing the 'burden' of being a young carer towards seeking a better understanding of the interdependent relationships within families (Eley, 2002). Disability commentators have argued that young caring is not a 'one way street' within families and disabled parents do not stop parenting

their sons and daughters (Wates, 1997). In the present qualitative study of 11 young carers in the Central Belt of Scotland, for the most part, the young men and women aged between 10–17 years old presented themselves as voluntarily taking on the caring responsibilities from an early age. Both the young women *and* the young men presented themselves as happy in their caring relationships with their parents. Caring was a reciprocal tie within the family members within the home and extended circles of family and friends.

The group of young carers interviewed had common and unique experiences of balancing caring and schooling and their aspirations after school. The young carers reported that their parents were supportive of them 'doing well' at school and there was little evidence of a 'poverty of aspiration' (Macrae & Maguire, 2000). Five out of the eight young carers interviewed who were attending secondary school stated that they intended to go to university. With one exception, a move away from home and a change in their caring relationship with their parents was envisaged as both feasible and desirable. As one young woman stated 'I want to go to the best place for my degree course—my Mum wants me to do well, she understands'. Given their general aspiration to pursue higher education, it is perhaps unsurprising that the young carers interviewed were critical of factors that they perceived compromised their 'performance' at school.

The young carers voiced a consensual concern about the impact that exceptional caring circumstances could have on the production of coursework. One young man, spoke of his feelings of anger about the rigidity of deadlines for coursework that he had personally experienced at his secondary school. He argued that if he had a broken arm then he would be able to have a medical certificate and pursue an extension while if he had had a 'run of bad nights' caring for his mother while his father had been out working, then he would be unable to produce the quality of coursework that he would like to. Like other young carers in the study speaking about their schools, he expressed that his school 'must know' about him and therefore should offer some flexibility to 'protect' him in exceptional times. Outside of this small-scale study of gender, young caring and schooling, there is a much wider debate about the rights of children and young people as service users. The United Nations Convention on the Rights of the Child (1989)—where the child's opinion is valued (Article 12), where the 'best interest' of the child are always taken into consideration (Article 3), where 'non-discrimination' is advocated (Article 2)—should be incorporated into education's response to policy concerning the support of young carers within British schools.

In the spirit of the National Strategy for Carers and the Strategy for Carers in Scotland, staff within education services might provide support to young carers. A 'trusted' teacher could be the cornerstone in helping young carers and to fielding them onto other services, given appropriate awareness raising training. Based on their personal experiences, the children and young people interviewed reported that some teachers were, at times, insensitive and 'hard' on them. Stories concerning lateness in attending school, tiredness in class and failure to complete coursework by deadlines were told in detail. Teachers were felt to lack humility about the experience of being a 'young carer' and the balancing act of caring and schooling. Generally, boys reported that they 'got in trouble' with teachers concerning tiredness, particularly yawning in class, while girls highlighted lateness in the mornings or after lunch as a source of difficulty. The young carers' perspectives suggest that they recognize the gendered constructions of teachers' perceptions of boys' and girls' deviant behaviour (Davies, 1984), for example that, compared to boys, girls' misbehaviour is considered as less confrontational to teachers (Lloyd, 1992).

The young carers' recommendations for greater educational support in primary and secondary schools is not developed from a perspective of considering themselves as being 'special' or 'different'. In fact some of the young people were at pains to stress that they were the same as any other young person their age. It appeared that concern about equity is at the base of their demands for educational support for young carers. This may be a feature of the Scottish context of the research. Historically, Scottish society has held great belief in the excellence and egalitarian nature of their education system (Paterson, 1983; Maclean, 1994).

The research reported upon in this paper was a small-scale, localized study with an opportunistically recruited group of young carers. The process of recruitment of research participants through professionals workers as 'gatekeepers' and a reluctance to take part in the research may have contributed to the homogeneity of the study group in terms of their age, ethnicity, family size,

household income and the context of a parent being the care recipient of the young person's care. This lack of differentiation constrained an exploration of socio-economic, cultural and ethnic factors and their impact upon conditions in which young carers were located as carers, the amount of caring and the type of caring they did. While claims to representative-ness cannot be made, the study group does reflect two relevant features of children and young people in Scottish society: the relatively small proportion of children from ethnic minority communities and African-Caribbean families and the high level of poverty (Lloyd & Riddell, 1997). This allows an impressionistic analysis of gender, caring and educational support that has, to date, been overlooked.

Conclusion

Young carers are called upon to make a major contribution to family life in terms of the caring duties they carry out and balance this with their schooling. While social policy continues to locate caring within the private domain of the family, the dynamics of gender and the balance between caring and schooling is unlike to change radically. It is appreciated that hard-pressed education professionals are forced to prioritize their time and resources. At the very least young carers want education services to hear that they could do more in supporting them at an earlier age, in transitions from primary to secondary school, from secondary school to work and/or university. They know that schools are currently struggling under a punishing work-load but young carers demand their teachers' attention. Education needs to respond to their demands, in the spirit of the national strategy for carers.

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