

‘It's making his bad days into my bad days’: The impact of coronavirus social distancing measures on young carers and young adult carers in the United Kingdom

Kate Blake-Holmes¹  | Andy McGowan²

¹School of Social Work, University of East Anglia, Norwich, UK

²Carer Services, Caring Together, St Ives, UK

Correspondence

Kate Blake-Holmes, School of Social Work, University of East Anglia, Norwich Research Park, Norwich, Norfolk NR47TJ, UK.
Email: kate.blake-holmes@uea.ac.uk

Abstract

The lockdown measures put in place in March 2020 in England to counter the spread of the coronavirus have had significant implications for the lives and well-being of young carers and young adult carers. In such unprecedented times, little was known about the potential impact on this group and their specific experience of the Covid-19 lockdown restrictions. A rapid review was conducted, 28 young carers responded to a survey and an additional 20 participants were interviewed in January 2021; the survey was repeated with a further 149 responses. Findings show that the level of care that young carers are required to provide had increased as external agency support for their families had been withdrawn while their own coping strategies had been challenged, in particular through school closures. These restrictions had a significant impact on every aspect of their lives, from their ability to meet their own mental health needs to managing the requirements of home schooling. The needs of young carers should be acknowledged within the political agenda, especially at times of crisis. It is crucial that health and social care services increase their capacity to identify and support young carers and that work is done within educational settings to provide a flexible response to individual needs.

KEYWORDS

coronavirus, policy, young adult carer, young carer

1 | INTRODUCTION

A young carer is a person under the age of 18 who provides care to a family member or friend with a physical or mental illness, disability or a substance misuse problem (Cheesbrough et al., 2017). Both the Children and Families Act 2014 and Care Act 2014 specify a duty for local authorities to assess and meet the needs of young carers, particularly if the care they are providing is ‘excessive and inappropriate’ or if the care impacts on the young carer’s own well-being, development and education (Gowen et al., 2018; The Young Carers

(Needs Assessments) Regulations, 2015). Young carers provide essential care often 24 h a day and spanning the course of their childhood and into their adult lives (Blake-Holmes, 2019). The majority of identified young carers are aged between 10 and 14 years old; however, in recent years, there has been a significant increase in children as young as 5 years old identified as providing care (Children’s Commissioner, 2016).

Although the exact number of young carers is difficult to quantify (particularly when compared with other groups of children and young people considered to be vulnerable), there are an estimated 700,000

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young carers in the United Kingdom under the age of 18 (Carers Trust, 2016). Additionally, there are over 376,000 young adult carers aged 16–25 in the United Kingdom (Carers Trust, 2020), who have their own specific needs in relation to their transition from childhood to adulthood in terms of biological and psychological development and their aspirations and positioning for the future (Becker & Sempik, 2019; Levine et al., 2005). The nature and intensity of the care provided can have a detrimental impact on their own social, economic and educational well-being as well as their physical and mental health, which may have a long-lasting impact into adulthood. Providing significant care to family members or friends who have needs as a result of physical or mental ill health, disability or substance misuse, young carers and young adult carers are often marginalized, their voices unheard and their needs unrecognized (Abraham & Aldridge, 2010; Becker & Sempik, 2019; Blake-Holmes, 2019; Joseph et al., 2020).

With an estimated four out of five young carers receiving no support from the local authority (Children's Commissioner, 2016), young carers are a vulnerable and often hidden group, falling through the gaps of both public policy and the distinct and separate boundaries of health, social care and education services. This is mirrored in international research, which highlights both the urgent needs of young carers and the lack of awareness and/or commitment of policymakers and service providers (ME-WE Project—European Union, 2019).

A study conducted for the Department for Education in England (2017) showed that at least one in seven young carers was providing care for more than 4 h a day on top of their studies, with this increasing to one in four (26%) at weekends and holidays. On average, young carers miss or cut short 48 days of school a year and score significantly lower at General Certificate of Secondary Education (GCSE) level than their peers (Cheesbrough et al., 2017). Despite this, the specific instruction for inspectors to pay particular attention to vulnerable groups of children such as young carers was removed from the 2019 Education Inspection Framework and replaced with a general expectation that schools would understand the needs of all of their pupils (Ofsted, 2019). This removal of an explicit awareness of young carers is contrary to contemporaneous research and the findings of the statutory guidance *Keeping Children Safe in Education* (Department of Education, 2020b) within which young carers are identified as a vulnerable group and in need of early support.

On 23 March 2020, the UK government closed schools for all children (except in exceptional circumstances) and enforced a national lockdown. This required people to stay at home except for limited purposes, restricted movement outside of the house to a maximum of 1 h of exercise a day, prevented gatherings of more than two people in public and closed all businesses and venues apart from essential services such as food shops and pharmacies (Public Health England, 2020). The Coronavirus Act 2020 gained royal assent on 25 March, which allowed the government discretionary power to intervene or relax regulations in a range of sectors to limit the transmission of the disease and ease the burden on public health services. This included easements of the statutory duties for local

authorities. The provision of these lockdown restrictions meant that all health and social care direct contact was cancelled unless it was considered critical. One of the potential Care Act easements, created under the Coronavirus Act 2020, enabled local authorities to suspend their duty to assess and meet the eligible support needs of carers. Given the overlap between these restrictions on both the lives of the young people and the people that they provide care for, it is vital to raise awareness of the needs and experiences of young carers and young adult carers in the context of the Covid-19 pandemic.

Due to the rapid development of this pandemic and subsequent lockdown restrictions, there was no body of empirical research in this area nor was there any that could be closely transferable. However, there are significant numbers of identified young carers and many more unknown to services (Children's Commissioner, 2016) or potentially newly stepping into the role in these uncertain times. This is due to a combination of new diagnosis since the start of the pandemic, a deterioration of the condition of the person with care needs or as a result of the reduced external support.

Young carers are by no means unique to the United Kingdom. Although this study focuses on the impact of the English lockdown restrictions and policies upon young carers, as with the nature of the pandemic, young carers are a global issue, and therefore, many of these findings will be transferable to an international stage. The global pandemic of the Covid-19 virus will undoubtedly have far-reaching implications for young carers. Although it would seem that children and young people are less likely to experience significant physiological effects from the virus itself, the indirect impact of attempts to counter the spread of the virus is highly likely to have a major impact on their psychological well-being (Rollins, 2020) and is set to further widen the attainment gap between young carers and their peers (Children's Commissioner, 2020). Alongside this, the support systems in place are struggling under increased pressure, potentially drawing the focus away from the needs of these marginalized young carers.

2 | METHODS

In response to the rapidly evolving and substantial changes related to the Covid-19 pandemic and subsequent lockdown restrictions, it was important to be able to provide a quick response and rapidly produce data that could inform practice and raise awareness of the needs for young carers. This project was conducted between April and June 2020. However, for the data to be robust and reliable, it was crucial to use a systematic method to generate outcomes.

The initial design of the research was discussed with members of a young carers forum who helped refine the core aims as follows:

- increase the recognition of young people providing care—promoting an awareness across services of the impact that changes in service provision will have on young carers;
- capture the views of young carers about their current experiences in order to inform the provision of effective support and identify urgent support needs; and

- consider whether any child living with a parent or family member with long-term physical and/or mental health condition, disability or substance misuse needs should be considered as a young carer throughout this pandemic.

In order to gain a rapid and holistic understanding of the issues facing young carers in the Covid-19 crisis, views were sought from a range of perspectives. Twenty participants were recruited through young carer organizations and across the social media platform Twitter. Ethical approval was granted by the University ethics committee, and each participant received information about the project and signed a consent form via email. For participants under the age of 16, consent was also required from one of their parents.

Semistructured interviews were conducted with eight young carers (six female and two male), five young adult carers (four female and one male), three parents of young carers (all mothers) and four youth workers (two female and two male). Interview schedules focused on three temporal elements of how things had been for themselves and their family before the coronavirus outbreak, following the outbreak (and subsequent lockdown restrictions) and how they envisioned their future both short term (next 3 months) and long term (next 3 years). Interviews were held using videoconferencing and telephone. Due to the limited resources available to the research at the time of the interview, they were not recorded or transcribed. Instead, detailed notes were taken throughout the interviews and key sections were transcribed verbatim; pseudonyms are used for all the participants at this point.

The age of the young carers/young adult carers ranged from 12 to 22 years. The youngest participant (12) chose to be interviewed with her older brother (19). Given the potential adversity and anxiety associated with the current crisis, each of the young carers was recruited by two young carer organizations who agreed to offer support before and after the interview process. In addition to the interview data, an analysis was conducted of the data from an online survey of young carers aged between 5 and 25. This survey was undertaken by Caring Together who recruited via schools and young carers groups in the east of England. A first sample was taken in April 2020 with 28 respondents and repeated January–March 2021 with a further 149 responses. This survey explored how they felt their caring role, mental health, education, employment and aspirations had been affected by the pandemic, alongside what support or respite they had received and to what extent they felt the needs of young carers and young adult carers had been recognized throughout the pandemic.

Thematic analysis (Braun & Clarke, 2013) was used to identify, analyse and interpret patterns of meaning within the interviews; codes were devised by re-examining the interviews and detailed field notes. These were discussed with research colleagues and developed into cogent themes.

Triangulation was used within the thematic analysis of the whole dataset; this method refers to both the use of the dual approach of interviews and survey data sources. This approach gives a comprehensive understanding of the phenomena and tests the validity of the

analysis through the convergence of sources (da Silva Santos et al., 2020). Although the qualitative data gained through the interviews were richer and more expansive, the corresponding data were drawn from the survey and its findings were important in checking and strengthen the understanding within the iterative analytical process (Fairfield & Charman, 2019).

3 | FINDINGS

Although each of the participants that took part in this study had a highly personal and individual story to tell, there were clear themes that emerged across both the interviews and the survey. Five key themes were identified: the complexity of care that young carers and young adult carers manage on a daily basis, the exponential increase in their care responsibilities as a direct result of the lockdown restrictions, the limitations placed on the support available to them, the knock-on effect this has had upon their own education and finally the impact this had upon their mental health.

3.1 | Complexity of care

No two young carers are alike nor is the complexity of the care they provide or the context within which they provide that care. Several of the young people within this study cared for two or three members of their household with a wide range of both physical and mental health needs. This included caring for parents and siblings, each with their own competing care needs. The range of care tasks that the participants carried out was equally varied—from cooking, cleaning, organizing bills and managing medication to tasks that were less easily quantifiable such as emotional support described as ‘keeping him happy and calm’, ‘looking out for crisis points’ and ‘making sure mum doesn't hurt herself’. This complexity had increased significantly during the lockdown with young carers taking a caring role for additional family members and tasks that they had not previously felt responsible for.

Young carers from a single-parent household appeared to carry a greater level of responsibility. Those with siblings (that they were not caring for) felt that they could at times share the load and distract one another during the lockdown period. Bianca (14) also commented that it can be easier for a young carer when there is more than one adult in the household. This was echoed by other participants who lived in single-parent households such as Elizabeth (19) who had taken on all of her father's personal care and physiotherapy, and a parent who described her son (11 years old) as ‘becoming my everything’ her only source of care, support and company since the pandemic and upon whom she felt entirely dependent. This led to some of the young carers and young adult carers feeling isolated and overwhelmed in their current role. William's (15) care role included keeping her mother's mental health needs hidden from the rest of the family. William explained that his mother found her mental ill health ‘humiliating’ and did not like to refer to William as a young carer as

she felt it made her sound 'less of a parent'. As such, in the past, William had been prevented from reaching out for support; this also made it difficult for William through the lockdown as he was not able to access support for carers.

3.2 | Increase in caring role

Over half of the young carers that responded to the survey said that their caring role had increased; this was also observed by each of the youth workers that took part in the study saying that the caring responsibilities for the young carers they had contact with had increased significantly, particularly for those aged 10 and above. This included greater responsibilities for both the person they were caring for and their younger siblings. This was expressed in terms of generally looking after younger siblings and providing additional support for siblings with specific needs, which for two young carers meant a substantial increase in dealing with their challenging behaviour. Ethan (17) described how his brother missed his school and its associated routines, which meant his behaviour had got worse, 'we can't tell him off because it's not his fault but it is hard being bit and hit all day'. Often participants explained that their younger siblings did not understand about the virus or the reason for the lockdown, which led to frustration and conflict.

The loss of school and established routine also had an impact on the physical and mental health of parents, which in turn had increased the caring burden on their young carer. One parent with complex health needs, Louise, described her usual routine as sleeping for 3 h each day while her children were at school. However, since lockdown, both she and her children had lost this routine. Although Louise explained that she had tried to 'push through' in the initial weeks, this had left her exhausted and in so much pain that she was unable to get out of bed for 3 days, during which time her 15-year-old daughter had to care for her and her three younger siblings alone.

Such an exacerbation of difficulties was also a clear factor for parents with mental ill health. Olivia (17) described how the fear and insecurity inherent within the crisis has made her mother increasingly anxious, 'it affects her sleep and then of course mine because she keeps waking me up so she is not alone'. This type of deterioration of mental health was an area of considerable concern for a youth worker, Melanie, who arranged a school placement for a young carer whose father suffered from acute mental ill health. Melanie feared that with the reduction in his mental health support and with the loss of the break that the school day ordinarily provided, the father would not be able to shield his child from the more distressing aspects of his mental ill health such as self-harm and suicidal ideation.

Several participants spoke about the amplified difficulties in managing the practicalities of supporting their families during the restrictions of lockdown. This included not being allowed into shops, or for Aiden (16) having to go to the shops several times a week as he

is required to shop for a large family and has no access to transport. This was because his father, who is the only driver in the house, was on the Government's extremely vulnerable list and therefore shielding. Five of the eight young carers interviewed recalled instances where they had to go to the shops, collect medication from the pharmacy or travel on public transport to get to the shop, and had been challenged about the appropriateness of them being there because of their age. They had found this particularly frustrating given the recognition and support they perceived being given to other carers and embarrassing that they felt they had to publicly justify themselves each time. Two of the young carers have since been given a card confirming their caring role via their young carers support group, which they found very helpful.

3.3 | Support

Many of the participants spoke about an uneasy relationship with health and social care services, with poor communication and a lack of awareness of the needs of young carers. This was further compounded by the restrictions in place through social distancing. Hannah (20), a young adult carer, spoke about returning home from university once the weekly contact her mother had with the community mental health team had been withdrawn, stating that this placed her back into a full-time care role and that she felt overwhelmed. This was also echoed by Elizabeth (19) who had been shown by the local health team how to perform her father's daily physiotherapy tasks. She expressed concern that once she had been 'trained', it would not be deemed necessary for the physio assistants to resume their visits once the restrictions were lifted. This trepidation about the future loss of services was intensified for two of the young carers and three young adult carers who recalled support services being reduced, withdrawn or cancelled by either the local authority or their parents without consultation with them or consideration of the impact it might have upon their caring responsibilities. Young carers also spoke about assessments, for both the people they are caring for and themselves, having been cancelled. Although they understood the rationale for this, the uncertainty about when these would be rearranged had left them feeling insecure.

Informal support had also been withdrawn; this included individual arrangements families relied upon such as shopping delivery, childcare and cleaning services. Although the lockdown restrictions remained in place preventing these services, the additional practical tasks were taken on in many cases by the young carers. The lack of support from friends and wider family was keenly felt by the young carers and their families. Katie (18) observed that the speed of the lockdown restrictions gave young carers and their families' limited time to adapt to the changes they were faced with.

Out of the participants that were interviewed, only two of the young carers said that they had been contacted by their parents' social worker to agree plans of what to do should there be a crisis.

3.4 | Education

A strong desire for the routine and respite of school was prominent throughout the young carer interviews. Olivia (17) described attending sixth form as a release for her, elaborating that 'school has always been a place away that I can feel safe'. This resonated across the young carers who repeatedly described school as a respite, a break away from home and their caring role and a place where they felt they could focus on themselves.

Since Covid things are more difficult, usually we get to go to school for a break, now we can't get away from the house or each other, not thinking all the time about everything I could or should be doing. There's no breathing space, when we are at school we can breath. (Chloe, 14)

For Grace (15), this safe space was also attributed to her teachers who she felt knew her well enough to 'pick up on when things were bad at home'. This, alongside their willingness to listen, made her feel that 'someone noticed and someone cared'.

However, the contact and support that was being offered by school to the young carers within the study was extremely variable, ranging from weekly telephone contact being made by the pastoral team to form teachers taking 10 days to reply to an email. This lack of response was felt by many participants as illustrative of a lack of wider awareness of the needs of young carers. Some of the young carers were struggling to manage the requirements of home learning and felt that this was disproportionate to that of their peers who did not have caring responsibilities. Some participants described the practical barriers to learning such as having to care for younger siblings or not having a quiet space to be able to study. For others, the additional pressure of their caring role prevented them from focusing on themselves and their studies. This loss of focus was indicative of the stress that the young carers were under,

I am struggling to focus on my college work or anything, even the smallest task makes me really tired, I have no motivation at all. (Jessica, 19)

A youth worker, Tony, also raised the concern that not only would there be an educational impact on young carers as result of the restrictions but also a social developmental impact. 'Many young carers are more socially isolated and/or disadvantaged to begin with and the lockdown has compounded that'. Due to their caring responsibilities, some young carers find it difficult to spend time with friends outside of school and they feel this impacts on their ability to make friends or maintain close friendships. This results in them feeling socially distanced from their peers at school. Participants spoke about feeling concerned that they would have fallen behind their classmates academically during remote learning and this would set them further apart from their peer group as they return to school.

3.5 | Mental health, managing the stress and well-being

The increase of pressure and stress for young carers was palpable within many of the interviews. Participants described not being able to 'get space' to manage their stress. The restrictions of lockdown and the anxiety related to the risks associated with Covid-19 were central to their difficulties. The restrictions of lockdown both increased the young carers caring load and prevented them from getting a break or from turning to their established coping strategies such as spending time with friends, engaging in a hobby or going for a long walk. Within the survey, 78% of respondents reported feeling lonely/isolated with 74% feeling their mental health had been negatively affected by the pandemic.

Several of the participants spoke about not feeling able to leave the house at all because of the level of physical vulnerability of the person they care for. Although this was proportionate for some of the young carers considering the complex health needs of their family member, for two young carers, it was also rooted in traumatic experiences earlier in life where their parent had been critically ill. Debbie, a parent, spoke about her son's fear about her physical safety, explaining that although she was not included within the Government's 'clinically extremely vulnerable' list now, 4 years ago aged 11, her son had returned from school and found her collapsed unconscious on the floor. He called for an ambulance, and she spent a period of time in intensive care. Debbie felt that it was the memory of this combined with the knowledge of the fragility of life and her susceptibility to infection (which was beyond the experience of most of his peers) that led to him feeling so anxious and fearful of transmitting the virus to her. Youth worker, Melanie, also talked about the young carers' awareness of the vulnerability of the physical health or the symptoms of the mental ill health of the person they cared for. She suggested that this concern may 'become all consuming' as they no longer have any distraction or support in maintaining a healthy perspective, which would previously been gained through school and friendship groups. Bianca (14) described her 30-min taxi ride to school each day being her favourite time as it was quiet and she could 'just let my head empty out'.

Four young carers also described the impact on their own mental health as they tried to support their parents' deteriorating mental ill health. Olivia (17) described feeling that her mother's need for emotional support was relentless,

I cannot get a break, I cannot even get 5 minutes, if I shut my door she is there and then verbally I just have to take it, there is nowhere for me to put it I just have to take it, she becomes anxious, then annoyed, then angry and neither of us can walk away now so I just have to take it.

Similarly, Elizabeth (19) said, 'being locked in together like this is a difficult thing, it's making his bad days into my bad days'.

Despite these very difficult circumstances and the impact it was having upon their own mental well-being, many of the young carers felt unable or reluctant to complain about their situation. They felt that to 'moan' about the pressures of their caring role would be 'selfish' as they reflected that there were 'people with much bigger problems than me' (Izzy, 12). They also felt that such a complaint would be insensitive towards the person they were caring for as they felt that the experience was much worse for them. For young carers, there is often a sense of stoicism, because they feel there was little choice in the matter, and it had become a normal part of their lives. They were determined not to add to the burden they felt their family members already carried, as Grace (15) explained 'I look after myself, I have always tried to be as independent as possible, so no one has to look after me, my parents are busy enough with my sister'. This was echoed by one of the parents, Eva, who felt that unwittingly she had always had to prioritize her child with complex needs over her daughter leaving her to 'bring herself up'. Several of the participants, both young carers and parents, felt that this overshadowing of young carers' own needs was greater as a result of the pandemic.

3.6 | Messages from young carers and young adult carers

The young carers and young adult carers who took part in this study were very aware of the limited resources available to change things in the face of Covid-19 and its associated restrictions. Instead, they gave wider messages that they felt would be beneficial for young carers as a whole. All felt that awareness needs to be raised about what it means to be a young carer. This awareness raising was important for health, social care and educational professionals, the general public and also their own peer group; 69% of respondents to the survey felt that young carers' needs had not been recognized throughout the pandemic.

They did not want assumptions to be made about their families or indeed themselves. Katie (18) felt that people assumed she could not be a young carer because she was not able bodied herself. This need for consideration of the young carers own health needs is highlighted by the fact that young carers are 1.5 times more likely to have a disability or long-term illness of their own (Children's Commissioner, 2016).

All the groups greatly appreciated the support that they received from their young carers' organization but were acutely aware of the large percentage of young carers and young adult carers that are receiving no support at all. They reiterated that all young carers are different; the care that they give is different as is the context in which it is given. This meant that they should be able to define the service they received, choosing when was best to engage with it and in what manner. Many had enjoyed the online support provided to them during the lockdown. A youth worker had observed they had little difficulties adapting to meeting virtually, particularly the younger carers who seemed 'fresh to new methods of communication'.

Although they appreciated the support offered during lockdown, the majority of young carers looked forward to being able to meet in groups and some spoke with fondness about times when they had been able to do day trips with other young carers and about opportunities to feel normal. They worried that what they felt to be already diminishing financial support for young carers would disappear forever and call an end to such opportunities and experiences.

It is important to remember the '4 in 5 young carers' (Children's Commissioner, 2016) who are not recognized, seen and supported. One of the youth workers interviewed expressed concern that

Those that shout the loudest get the most, the majority of young carers I work with are the families who receive multiple services [and that] adult social care has a culture of acceptance that the voluntary sector will be working with young carers, excusing them of their duty to safeguard and care.

4 | DISCUSSION

The strengths and skills of the young carers who spoke within this study were clear, and they described the support that they gave to their families as key to their relationships and identity. This can be a positive factor, building upon a young person's strengths and resilience (Abraham & Aldridge, 2010); however, there is no doubt that being a young carer also comes with its own challenges and disadvantages. Without the right support, young carers can feel isolated, overwhelmed and forgotten (Becker & Sempik, 2019). If their caring role becomes too onerous, this can have a significant detrimental bearing on their own health, well-being and development (Cheesbrough et al., 2017; Gowen et al., 2018; Joseph et al., 2019). The parents in this study did not want to feel that their child was being disadvantaged through their caring role; they were determined that the freedom to explore, develop and enjoy childhood should be available to their child as it should be to any other. But to ensure this is possible, they needed to be able to talk about the care that their child provided without fear of judgement or discrimination. The commitment and drive to have the needs of young carers recognized and addressed resounded loudly from the youth workers that were supporting young carers through these difficult times. However, funding is key and must be provided at a level that enables them to provide flexible and responsive support to young carers in all spheres of their lives.

It was evident within this research that school was a key area of respite and potential support for young carers, yet the literature shows that education is also a sphere where young carers can be most disadvantaged (Cheesbrough et al., 2017). It is crucial that schools are enabled to identify and support young carers both within the school environment and in highlighting the needs of their pupils to the relevant health and social care agencies.

Furthermore, health and social care agencies must be compelled to meet their statutory duties to identify, assess and support young

carers, young adult carers and their families (Carers Trust, 2015). Using a whole family approach, the needs and views of young carers are considered alongside the needs of the disabled person, and the parenting needs of an individual forms part of the assessment (Directors of Children's and Adult Social Services, 2015).

The coronavirus pandemic and subsequent lockdown restrictions have had a significant impact on young carers; it has resulted to extra pressure being placed on their caring role a loss of support services or respite opportunities and exacerbation of their own feeling of stress, anxiety and isolation. With existing public and political concern focused on the detrimental impact on the education and emotional well-being of young people due to the coronavirus pandemic, it is imperative that young carers' needs are highlighted, not hidden within the statistics. Young carers must not be placed in a position where they shore up the gaps in health and social care provision at the expense of their own future.

5 | IMPLICATIONS FOR POLICY AND PRACTICE

1. Continue to raise awareness of young carers and young adult carers, particularly within educational settings, which can act as a sanctuary and a safeguard for these vulnerable children and young people. As the schools reopen and students return, teachers in particular need to be mindful that some of their class may be young carers. They need to give careful consideration to the support they require to physically return to school and re-establish themselves within the curriculum, using the young person themselves as key to creating an individualized plan.
2. Schools, colleges and universities could work with local young carers and young adult carers groups to ensure that they have appropriate policies and networks to be able to meet the needs of this vulnerable group of students.
3. Identification of young carers could be formalized within the school system through the inclusion of these data within the School Census. The School Census is a Department for Education (DfE) collection of school and pupil level data that all schools in England (including academies, free schools, special schools, pupil referral units and university technical colleges) are required to complete three times a year. The submission of the school census returns, including a set of named pupil records, is a statutory requirement for schools under Section 537A of the Education Act 1996 (Department of Education, 2020a). Such inclusion of data regarding young carers could ensure that appropriate funding is allocated to schools to enable them to meet the specific needs of this vulnerable group.
4. From a social care perspective, the stipulation of both the Care Act 2014 and the Children and Families Act 2014 that no child should undertake inappropriate and/or excessive care should be given additional weight within this health crisis. As such, any child under the age of 18 years old living with a parent or a sibling with substantial disability, physical health needs, mental ill health or substance misuse difficulties should be automatically regarded as a young carer and supported accordingly.
5. The works of young carers' organizations such as *Caring Together* are crucial for the health and well-being of carers. They are able to respond to young carers' needs in a flexible and proactive manner without the bureaucratic barriers and potential stigma of some statutory services. As such, it is imperative that the value of their work is recognized, and they are funded accordingly.
6. Young carers' voices are central to understanding the impact of caring on young carers' lives. They should be fully involved in all aspects of research, as well as policy and service development.

6 | STRENGTHS AND LIMITATIONS

The strengths of this project lie in its ability to present a rapid response to the needs of young carers; this has been made possible by the collaboration and support of Caring Together. The commitment of this organization and another national young carer organization meant that a wide range of young carers and young adult carers from across England were able to participate in a safe and supported manner. Due to the speed of this project and the lockdown restriction in place, the sample size was limited and findings may not be generalizable across the whole population. However, the findings do correlate to the pattern of findings in previous studies examining the needs of young carers (Abraham & Aldridge, 2010; Cheesbrough et al., 2017; Joseph et al., 2019). The experiences and needs of young carers from marginalised groups such as Black, Minority Ethnic, Roma Traveller, refugee and asylum seeking communities have been particularly hidden throughout the pandemic. The views of professionals from health, social care and education would also enrich subsequent research.

The speed in which this project was able to respond to the needs of young carers has meant that it was widely reported within the media, increasing awareness and bringing the needs of young carers to the foreground; it was also instrumental in rapidly informing local practice within social care and educational services.

7 | CONCLUSION

This study has shown that the effect of Covid-19 is evident for young carers within the period of lockdown and restrictions. These pressures will continue to weigh upon them and their families as the schools return in September and in the subsequent tier restriction and lockdowns of December 2020. It is also highly likely that the impact will continue for years to come as the societal and economic repercussions become more apparent. It is expected that there will be long-term changes for young carers, to both the services that support the family members that they care for and the organizations that support them in their role.

Young carers are a diverse heterogeneous group; although it was extremely positive to hear about the support many of the young

carers in this study were receiving, it cannot be forgotten that many young carers remain hidden and subsequently unsupported. For some young carers, the extraordinary functions they perform are so part of their daily life; they do not even consider themselves a young carer. This lack of awareness and recognition can be particularly difficult for children and young people caring for a parent with mental ill health, as the care they provide is often hidden, synonymous with their own mental well-being and therefore difficult to quantify.

In the years to come, as we move through and recover from this health and economic crisis, it is vital that a focus remains on supporting young carers and their families in a way that is personal and meaningful to them.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Kate Blake-Holmes  <https://orcid.org/0000-0003-3117-3521>

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