

# Young Carers

## The support provided to Young Carers in England

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December 2016

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## Foreword

More than 160,000 children in England have formal caring responsibilities, and that should make us pause and think. For many of them, this is not the occasional bit of washing up, making a bed or running to the shops; it is systematic support for physically or mentally ill, disabled or elderly people, nearly always family members.

The figure is likely an under-estimate: this lightning review shows that many children also care for adults with drug and alcohol problems, a group not captured by the 160,000 estimate.

The vast majority of young carers care for relatives – half for a sibling, more than a quarter for a parent. Their love and sense of duty is remarkable. We know the price they pay: in poorer health and lower school results, missed days of education and long term life chances. What official statistics fail to collect is the emotional cost, both in supporting vulnerable people when they are still children themselves, and in missing out on the social life and fun – literally, the carelessness – that their classmates enjoy.

I am grateful to those local authorities who were able to provide a response to our survey and to the young carers and professionals who have provided insight. There is a considerable amount of good work going on delivered by committed and able staff, and there are clearly areas of excellent practice. However, we must focus on where improvements can be made and that is the focus of this report.

This lightning review suggests local authorities are failing to care for a substantial number of young carers. Many of the approximately 130,000 children we find missing out on support are likely to have substantial caring duties. This review poses questions for local authorities on their pathways for identifying, assessing and supporting young carers. I will be doing follow-up work with those local authorities that have identified carers under the age of 5, to clarify what it is these children are doing.

Children love their parents and siblings. Many do amazing things for them and do it without complaint. All the more important, then, that we recognise this for the sacrifice it is, and do our best to lift the burden from their young shoulders.



A handwritten signature in black ink that reads "Anne Longfield". Below the signature is a short horizontal line.

**Anne Longfield**

**Children's Commissioner for England**

# Executive Summary

The Children's Commissioner is concerned that not all young carers are identified and supported. The Commissioner issued a survey to all local authorities in England, using her statutory powers, to request data on referrals relating to children and young people providing care, and the assessments and support these children receive. Data was received from 86% of local authorities (130 of 152). Analysis leads to the following headline findings about young carers.

## **1. We estimate that approximately 4 out of 5 young carers may not be receiving support from their local authority**

According to the 2011 Census, there are 166,363 children and young people aged 5-17 years providing 'unpaid care' for family, friends, neighbours or others who have a long-term physical or mental ill-health issue, a disability, or problems related to old age. Although the majority of young carers identified in the Commissioner's survey of local authorities provide care for the care needs specified in the 2011 Census, there are a range of additional care needs which were not captured in the census that may also be supported by young carers, such as drug and alcohol misuse. The 2011 Census data is therefore an underestimate of the actual number of young carers in England in the terms used by many local authorities and even more so in terms of the needs of children and young people providing care.

From responses to the Commissioner's survey we estimate that only 20% of young carers receive support from their local authority.

## **2. Just over a quarter of young carers have additional care needs of their own.**

Of the 60 local authorities where disability was recorded, 27% of young carers had a disability. This means that these young carers, who are also providing care for others have care needs of their own.

## **3. There are young carers under the age of 5 years.**

31 local authorities out of 102 that provided data on age had received young carer referrals for children under 5, and 22 of these local authorities had assessed and provided support for young carers under 5. In response to the survey, seven local authorities stated that more attention should be directed at identifying and supporting children younger than 8. They highlighted that services are often not tailored to meet the needs of this particular group.

*We also asked questions in the survey about the nature of local authority policy for identification, assessment and support, leading to the following findings.*

#### **4. Not all local authorities are taking steps to identify children who may be providing care in their area**

Local authorities have a statutory duty to take 'reasonable steps' to identify young carers living in their area. Although 117 out of 130 local authorities stated that they had mechanisms in place to identify young carers, 11 local authorities (8%) stated that they did not and 3 did not know if a mechanism was in place. Three local authorities did not respond to this question.

Young carers and voluntary organisation highlighted that professionals, such as GPs and teachers, are often unaware of the challenges faced by young carers and how to support them. Additional steps must be taken to improve identification.

#### **5. 94% of children referred to the local authority as a potential young carer, who were deemed not to require support, had not received an assessment at all**

Of the 18,746 children and young people referred to 103 local authorities as potentially being a young carer, 70% went on to be assessed, and 97% of those assessed were deemed to be in need of support. Of the 5,958 children and young people referred who were not deemed to be in need of support, 94% had not received a young carers assessment.

*We conducted structured discussions with six voluntary organisations commissioned to deliver young carer services in over 40 local authorities and with 18 young carers from across England. This led to the following findings:*

#### **6. The emphasis on identification and assessment in legislation may lead to support for young carers being overlooked**

Legislation places a statutory duty on local authorities to take 'reasonable steps' to identify young carers and to undertake an assessment of their needs. The most common support provided by local authorities (67%) was referral to a young carer service, followed by providing information and advice. External agencies commissioned by local authorities to work with young carers stated that often the funding they receive tends to mainly focus on assessments. This has meant that support activities are often stretched or self-funded. These agencies felt that this was because legislation has led to a focus on delivering assessments, rather than providing support to young carers.

#### **7. Young carers want to enjoy their childhood and for services to listen to them and respect their views**

Young carers stated that they value opportunities to enjoy their childhood. They also want services supporting those they are caring for to recognise them as the main carer and experts of their condition. Having someone to talk with, who understands and recognises what they do as a young carer, is important to them.

# 1. Background

The Children's Commissioner is concerned that young carers do not always receive the support they need to enjoy their childhood and make progress in line with their peers, whilst also meeting their caring responsibilities.

This lightning review shines a light on the question of how many young carers in England and their families receive support from local authorities and on the policies local authorities have in place to identify, assess and support these children and their families. We administered a survey to all Directors of Children's Services in England to collate the latest operational data on the identification and support of young carers. We also undertook qualitative research with professionals delivering or commissioning young carers services, and young carers themselves in order to help us interpret the findings accurately.

## 1.1 The definition and support of young carers

The Children and Families Act 2014 (HM Government, 2014a) defines a young carer as "a person under 18 who provides or intends to provide care to another person".<sup>1</sup> Guidance (ADASS, ADCS and The Children's Society, 2012) specifies this as "children and young people under 18 who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances."

The Children and Families Act 2014, and the Care Act 2014 (HM Government, 2014b) state that all young carers under the age of 18 have a right to a needs assessment as a responsibility of the local authority, which must take "reasonable steps" to identify young carers in their area who have support needs. The assessment should consider the young carer's view of the situation, and identify whether it is appropriate for a young person to have such responsibilities. The assessment must then decide to what extent the young carer provides or intends to provide 'inappropriate' or 'excessive' care, defined in the Care Act 2014 statutory guidance as anything which is likely to have an impact on the child's health, wellbeing or education, or which is unsuitable for that particular child<sup>2</sup>. Based on the results of the assessment, the local authority should decide whether to provide services to the child and the family.

The Children's Society (2013) explains the practical difficulties of the identification of such needs. Where a family member is physically or mentally ill or disabled this should be known by local agencies and systems can be put into place to ensure identification. However, many responsibilities for inappropriate or excessive care result from substance misuse by adults and others in the home or as a result of domestic violence and abuse and other sometimes unregistered difficulties.

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<sup>1</sup> HM Government (2014) Section 96: *young carers*.

<sup>2</sup> *Department of Health (2016) Paragraph 2.50*

Therefore schools, Police, GPs and other agencies have important responsibilities to support local authorities with the challenge of identification.

## 1.2 The prevalence and experiences of young carers

Difficulties of definition and identification also complicate the business of estimating the number of young carers.

The 2011 Census asked whether respondents provided unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age, and for how many hours per week. 'Young unpaid carers' were defined as those aged 5 to 17-years-old providing some level of unpaid care. According to the Census definition there were 166,363 young carers aged 5-17 years in 2011 in England, an increase of nearly 20% from 139,188 in 2001<sup>3</sup>.

This estimate is based on self-identification by young carers and their families, many of whom may not recognise their care responsibilities. An alternative estimate commissioned by the BBC<sup>4</sup> in 2010 based on a survey of 4,029 children in 10 UK secondary schools suggested a total of 700,000 young carers across the UK.

As a consequence of fulfilling so many adult responsibilities, young carers may miss out on typical childhood experiences and opportunities. They may fall behind their peers at school, as the weight of responsibilities at home impedes their progress. They may struggle to make and maintain friendships, as they cannot easily socialise after school or at weekends. In some cases, they may also find it difficult to ask for help, as they fear being taken into care. The Children's Society (2013) analysis of the young carers identified in the Longitudinal Study of Young People found that:

- > Young carers are one and half times more likely to have a special educational need or a long-standing illness or disability
- > One in 12 young carers is caring for more than 15 hours per week
- > Around one in 20 young carers miss school because of their caring responsibilities
- > Young carers tend to have significantly lower educational attainment at GCSE level - the equivalent to nine grades lower overall than their peers
- > Young carers are more than one-and-a-half times as likely to be from Black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language
- > Young carers are more likely than the national average to be 'not in education, employment or training' (NEET) between the ages of 16 and 19

<sup>3</sup><http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales-2011/sty-unpaid-care.html>

<sup>4</sup> <http://www.bbc.co.uk/news/education-11757907>

A review by the Department of Education (Department of Education, 2016) shows that caring responsibilities can have a significant impact on the mental health of young carers, stress, tiredness and their ability to develop and maintain relationships.<sup>5</sup>

### 1.3 Methods

We surveyed 152 local authorities in England asking about the identification and support of young carers in the period between the 1 April 2015 and 31 March 2016. We requested both statistical information such as on the numbers of young carers identified and qualitative information such as views about the challenges of identification. A response was received from 130 local authorities, with not all authorities answering all questions. Table 1 reports responses by region and domain of survey.

**Table 1: Response to survey domains by region**

Region (number of LAs)	Number of Local Authorities that provided data on young carers:				
	Any	Referred for assessment (N)	Assessed (N)	Assessed as in need of support (N)	Receiving support (N)
North East (12)	11	10	8	8	8
North West (23)	21	21	21	19	21
East Midlands (9)	8	8	8	8	8
West Midlands (14)	13	13	12	11	13
East of England (11)	11	10	7	8	9
Greater London (33)	28	23	21	20	22
South East (19)	13	13	9	11	13
South West (16)	14	13	12	13	13
Yorkshire and Humber (15)	11	11	11	9	11
Total (152)	130	122	109	107	118
Overall response rate	86%	80%	72%	70%	78%

<sup>5</sup> DfE (2016) (p8)



In all, 86% of local authorities responded to our survey and over 70% of local authorities were able to provide data on most aspects of referrals, assessments and support. Of the 22 local authorities who did not submit data, 12 stated that this was because the data is not routinely recorded and 10 did not respond at all. On the assumption that areas that collate this data and were able to respond have at least as good rates of identification and support as those that did not respond, we presume that our analysis provides a conservative estimate or lower bound estimate of the level of unmet need.

In addition to the survey, we tested ideas with a focus group of young carers. Eighteen young carers aged 11 to 19+ years from five different areas of the country: North East (4), West Midlands (4), East Midlands (4), London (4) and South East (2) took part in our young carers focus group. Ten of the participants were female and eight were male. Thirteen were White British, two were Mixed Race, one was White Arab, one was Asian and one was Black British. Four young carers had a disability.

We also undertook discussion separately with a small but representative sample of those with practical knowledge on how young carers and their needs are being identified assessed and supported, as well as what could be improved. Six specialist voluntary sector organisations took part and one commissioner of young carer services in over 40 local authorities took part in our focus group with professionals.

## 2. Findings

### 2.1 The gap in identification and support of young carers

In order to measure the prevalence of young carers known to local authorities, the survey asked how many young carers were referred for an assessment, how many were assessed and deemed in need of support, and, how many were in receipt of support in 2015/16. We used this data to estimate the gap in identification and support of young carers, referred to below as “unmet need.”

As already stated, in practice the definitions and criteria for the definition of a young carer used by local authorities can be wider than the definition used in the 2011 census, such as including the provision of care to people with drug and alcohol dependency and other categories. Using their own definitions, the 118 local authorities that provided data stated that 32,175 young carers were receiving support. This included some children outside the 5-17 range. To be consistent in estimating the identification and support gap relative to the Census we used the data gathered on the age of carers to estimate a total of 28,429 young carers aged 5-17 in receipt of support in 118 local authorities. Assuming that the rates of support per head of population age 5-17 are the same in local authorities that did not provide data, we estimate that 33,506 5-17 year old young carers are in receipt of support across all local authorities in England.

Considering this as a proportion of those children identified as providing ‘unpaid care’ by the Census estimates for 2011 we find that only 20% of young carers receive support from their local authority.

However, this is likely to be an underestimate because levels of support may be lower in areas that did not respond to the survey and the prevalence of young carers may have increased since 2011. The magnitude of this underestimation is likely to be further increased because the definition of young carers used by local authorities is broader than that in the Census, and because many young carers may not identify as such as and therefore may not have been picked up by the Census. On the other hand, many of those identified by the Census as providing ‘unpaid care’ may have had relatively low levels of need in practice that may mean that they would not have been assessed as young carers in need of support if a formal assessment had taken place, although they may have welcomed or needed some support. For all of these reasons we emphasise that the figure of 20% is an estimate. The true rate may vary quite considerably depending on the definition and form of assessment used. However, the finding that there is substantial unmet need is clear.

A breakdown of the estimate of unmet need by region is provided in Table 2.

**Table 2: Estimate of young carers identified and supported by region**

Region	Identified and supported (1)	Projected total (2)	Census estimate (3)	% young carers supported (4)
North East	951	1,236	6,188	20%
North West	3,245	3,602	19,374	19%
East Midlands	2,103	2,271	11,677	19%
West Midlands	3,375	3,746	15,057	25%
East of England	3,980	4,577	14,333	32%
Greater London	2,754	3,498	20,637	17%
South East	5,325	6,603	20,522	32%
South West	4,603	5,524	13,304	42%
Yorkshire and Humber	2,093	2,449	12,610	19%
Total	28,429	33,506	166,363	20%

Note: Column 1 reports the number of young carers aged 5-17 in each region receiving support from the 118 local authorities that responded to our survey. Because some of these young carers in receipt of support are outside the age range 5-17 we used the data gathered from 102 local authorities that were able to provide a breakdown of age to extrapolate the number of 5-17 year olds in each region. Column 2 reports a further projection of the number of young carers by region including local authorities that did not provide data, assuming that the rates of support are equivalent in these areas, per head of population age 5-17. Column 4 provides an estimate by region of unmet need as the ratio of column 2 to the census estimate of the regional population of young carers in Column 3.

There is considerable regional variation in the provision of support to young carers. For example, whereas 42% of young carers are estimated to be in receipt of support in the South West, only 17% are estimated to receive support in Greater London.

## Qualitative insights on the identification and support gap

This quantitative estimate of unmet need is supported by the responses of two local authorities which stated that they were only providing for a fraction of the young carers thought to be in their local authority. For example:

*“We estimate we are currently providing for approximately 30% of all the young carers thought to be in our local authority”*

*– A local authority*

59 local authorities highlighted in an open text response in the survey that there is an under-identification of young carers. This was also one of the reasons given by local authorities for lack of support provision. Of these local authorities:

- > 56% stated that there is a lack of awareness of young carers among professionals
- > 36% stated that when assessing the person being cared for, adult services were not systematically asking if there is a young carer involved
- > 32% stated that there was poor identification of young carers in schools
- > 25% stated that there was poor identification by health professionals, including GPs
- > 25% stated that specialist services, including mental health and drug and alcohol treatment units, were not routinely asking whether a young carer was involved in caring for the person receiving the service
- > 14% stated that there needed to be better involvement from Early Help services, rather than waiting until families are in crisis
- > 10% stated that there was poor identification by social services
- > 8% stated that young carers were unaware they were young carers, and were therefore difficult to identify
- > 8% stated that there is a lack of professional confidence or willingness to proactively identify and refer young carers
- > 3% stated there is a lack of public awareness of this issue

One local authority stated:

“There are ongoing challenges. We believe there may be young carers who are not known to us. This can be as a result of a lack of awareness, a desire to keep the caring role secret from professionals... from our own analysis there are some issues around the confidence of practitioners to enquire further about whether there are children in a household undertaking a caring role when assessing a parents care needs.”

## 2.2 The characteristics of young carers

The Commissioner’s survey asked local authorities to identify the characteristics of young carers who are referred, assessed and supported in their area.

### 2.2.1 Age

Table 3 provides data by age for young carers in receipt of support.

**Table 3: Young carers in receipt of support, by age**

Age	Young carers in receipt of support (%)
0-4 years	0.6
5-9 years	21.6
10-15 years	55.9
16-17 years	13.9
18+ years	8.0

Note: Table 3 is based on the data from 102 local authorities that provided this information. We have included young carers aged under 5 years or above 17. In table 2 we restricted the data to those age 5-17 years in line with the Census 2011.

The 2011 census did not include children under the age of 5 as providing unpaid care. However, according to our survey, 33 local authorities had received young carer referrals for children under 5, and 22 local authorities had assessed and provided support for young carers under 5, leading to a total of 160 supported young carers under the age of 5 years. In an open text response to the survey, seven local authorities stated that more attention should be directed at identifying and supporting children younger than 8. They highlighted that services are often not tailored to meet the needs of this particular group. In the focus group with

professionals, participants stated that the average age of young carers being identified and brought to their attention had decreased. However, they also highlighted that often children under the age of 5 are generally either providing minimal care and thus considered to be low level, or excessive care, which means they are either categorised as a child in need (under section 17 of the Children Act 1989) or taken into care.

**2.2.2 Gender**

Data from the 107 local authorities that responded indicates that 56% of all supported young carers were female and 44% were male. This is very close to the gender balance amongst young carers identified by the 2011 census<sup>6</sup>, which found that 46% of 5-17 year olds providing unpaid care were male and 54% were female.

**2.2.3 Disability**

Table 4 reports data from 60 local authorities that provided complete information on whether the young carers they were supporting had a disability.

**Table 4: Disability of young carers in receipt of support**

Disability	Number of young carers in receipt of support (%)
No disability	8,650 (73)
Physical disabilities (including mobility, hand function, personal care, incontinence, seizures)	1,547 (13)
Cognitive and behavioural disabilities (including autism/Asperger syndrome, autism spectrum disorder, emotional and behavioural difficulties, ADHD, mental health issues)	788 (7)
Multiple disabilities	312 (3)
Learning disabilities (including communication, learning)	219 (2)
Other disabilities	201 (2)
Sensory disabilities (including hearing, vision)	107 (1)

<sup>6</sup> Nomis 2011 Census: Detailed Characteristics - [https://www.nomisweb.co.uk/census/2011/detailed\\_characteristics](https://www.nomisweb.co.uk/census/2011/detailed_characteristics)

Total

11,824 (100)

Note: Based on the data from 60 local authorities that provided this information.

Based on the Family Resources Survey, the DWP and the Office for Disability Issues (2014) an estimated 6% of children in Great Britain have a disability<sup>7</sup>. Of the cases where disability was recorded, 27% of young carers had a disability. Given the low response rate to this question there is considerable uncertainty but it does seem that there is a large over representation of children and young people with disabilities in the young carer population. These young carers are receiving support from local authorities and may have a higher rate of identification than other children as this is a group generally known to social services. Nonetheless this is clearly an important sub-group with particular challenges and needs for support.

## 2.3 Pathways and Assessments

### 2.3.1 Identification

We asked if local authorities took steps to identify young carers living in their area. This was the case for 117 of the 129 local authorities that answered this question, while 11 local authorities stated that they did not have formal mechanisms in place. A further 6 either did not or could not confirm either way.

The 117 local authorities with established mechanisms to identify children with caring responsibilities were asked to elaborate in an open text response on these mechanisms. Approaches varied significantly:

- > 49% had multi-agency approaches in place that sought to identify young carers through health, children's services, adult services and education
- > 36% stated that they had invested in developing and issuing guidance and/or training frontline professionals to identify young carers
- > 29% stated that they had introduced flags on IT systems used by frontline professionals in order to encourage identification and improve data collection/sharing
- > 20% deliver activities and administer schemes in schools to identify children with caring responsibilities, including, for example, appointing a member of school staff to act as the young carer lead.

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<sup>7</sup> DWP and Office for Disability Issues (2014) 'Official Statistics: Disability Facts and Figures' - <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures>

## Qualitative insight on identification

In a focus group session, young carers stated that one of the things that made a significant difference to them was being identified as a young carer.

“When schools do it and they do it well it really, really works. My school identified me when I was 14 and every 2 weeks in a free period we’d have a young carers meeting - we’d have a chat and have biscuits and stuff. They’re the ones that referred me to the local authority and gave me support around exams.”

*– A young carer*

“The young carer lead had an open door policy so if you needed an exit card you could just go to her. She’s been the Young Carer lead for 10 years. She’s the one that made sure that the local authority project workers came in to talk to us during school hours as some people couldn’t do it after school. We also have assemblies about what is a young carer.”

*– A young carer*

When asked to comment on the barriers and challenges in the identification and referral process, 59 local authorities responded that there was an under identification of young carers, and over half stated that under-identification stems from a lack of awareness and understanding of young carers by professionals. Not all young carers will know that they are young carers. It is important that professionals are able to identify children with caring responsibilities.

Forty four local authorities highlighted that more training and awareness would improve referrals. One local authority stated:

“We are improving the identification of young carers through developing a register by referring to our Early Help Hub for an initial early help assessment. Sign-posting will then be based on need.”

*– A local authority*



### 2.3.2 Assessments

We received data from 103 local authorities on the number of children and young people identified as providing care and referred to the local authority, the number of children and young people who had been assessed, and those who were deemed to be in need of support.

**Table 5: Rates of assessments and support**

	Number	% of referrals	% of assessments
Young carers referred	18,746		
Young carers assessed	13,116	70.0	
Young carers deemed in need of support	12,788	68.2	97.5

Table 5 reports the number of children and young people that were identified as young carers and referred, the number that went onto be assessed and the number of those deemed in need of support. This is based on the 103 local authorities were able to provide all of this data, without accounting for age.

In total, 70% of those who were subject to a referral went on to be assessed, and 98% of those who were assessed were deemed to require support. This suggests that children identified as providing care and subject to a referral are pre-assessed before receiving a formal young carer needs assessment. Of the 5,958 children and young people referred who were not deemed to be in need of support, 94% had not in fact been assessed at all.

The survey asked local authorities if there were any qualifying criteria for assessments. Approximately half of local authorities stated that they would only assess children and young people in particular age ranges. The lower age ranged between 4-8 years and the upper age ranged from 17-25. Thirty-three local authorities stated that they take into account the needs of young carers when deciding whether to offer an assessment and 26 local authorities stated that they would look at the needs of the person being cared for.

128 local authorities provided information on who undertakes their young carer assessments. In 40% of cases this was commissioned by the local authority, 31% delivered it themselves and in 29% of local authorities the assessment was multi-agency, delivered jointly across children's services, adult services, health, education and the voluntary sector.

A key principle of supporting young carers is the 'whole family' approach. The Care Act 2014 requires that the "local authority must consider the impact of the person's needs for care and support on family members or other people the authority may feel appropriate. This will require the authority to identify anyone

who may be part of the person's wider network of care and support"<sup>8</sup>. Consequently, the assessment of adults in need of care should consider the needs of children providing their care. In 60% of local authorities, a needs assessment of a parent needing care triggered a young carer assessment of children in the household. In 58% of local authorities, a needs assessment of young carers triggered a needs assessment of the person they are caring for.

The Care Act 2014 places a duty on local authorities to undertake a transition assessment where it is likely that a young carer will require support after they turn 18 and wherever it appears that there may be 'significant benefit' to the individual in doing so. The purpose of the assessment is to ensure that services are in place to support young carers to prepare for adulthood, and to raise and fulfil their aspirations. A Memorandum of Understanding is a useful way of managing the transition between children and adult services<sup>9</sup>. However, only 50% of local authorities that responded had a Memorandum of Understanding in place.

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<sup>8</sup> Paragraph 6.66, Care and Support Statutory Guidance, 2016

<sup>9</sup> No wrong doors: working together to support young carers and their families A template for a local memorandum of understanding between statutory Directors of Children's and Adult Social Services – March 2015

## Qualitative insight on assessments

In a focus group, specialist voluntary sector organisations commissioned to deliver assessments highlighted that resources and funding to deliver these services are limited. Some organisations felt obliged to prioritise medium to high level need cases. One participant stated:

*“Low level cases end up triaged out.”*

*- A professional in a commissioned voluntary organisation*

Low level need cases may fall through the net. Specialist voluntary sector organisations felt that the drop off between referral and assessment can be significant, and greater attention must be paid to those young carers who are referred but not assessed.

*“There is the bit which is statutory and the bit that is not so statutory. Not so statutory is support.”*

*- A professional in a commissioned voluntary organisation*

*“Local authorities are caught up on meeting the statutory assessment requirement and nothing more.”*

*- A local authority*

Legislation places a statutory duty on local authorities to take reasonable steps to identify young carers and to undertake an assessment of their needs. Consequently, local authorities may place an emphasis on meeting this duty, rather than providing support to young carers. In the focus group, specialist organisations commissioned to assess and support young carers stated that the funds they receive are often only enough to cover the cost of assessment. Assessments are resource intensive. Depending on the complexity of the case, an assessment can take two days. Where commissioning arrangements focus on the assessment process in order to meet the statutory duty, there is a possibility that the provision of support is overlooked. This issue was also identified by young carers during the focus group discussions.

*“Council have changed funding. They want it to be all education based, not having fun. We used to meet once every three weeks on a Wednesday night. Now the age range is too big it’s not fun for us at 17 to go and see a film for 12 year olds. A lot of Councils are cutting funding for young carers and not just reducing it.”*

*- A young carer*

Specialist voluntary sector organisations which participated in the focus group emphasised that there are significant gaps in the transition between child and

adult services. For many local authorities, young carers are defined as being under-18, with support limited to this age group. After they have reached 18, support is instead offered by adult services. This transition can be daunting for young carers. Often, these young people are grouped with carers of a significantly older age (i.e. 60s) due to being classed as an 'adult', despite these groups having different needs.

### 2.3.3 Support

It was not possible in this survey to fully assess the scale and nature of actual provision for young carers. Table 6 reports information from local authorities about the types of support they offer.

**Table 6: Top 10 provisions and support provided by the local authority and/or external agencies**

Provision/Support	Provided in-house (in descending order) (%)	Provision/Support	By external agencies (in descending order) (%)
Referral to young carers service	67	Respite/leisure activities	73
Information and advice	66	Someone to talk to	72
Whole family intervention	65	Information and advice	71
Parent/family support	60	Peer support group	67
Someone to talk to	55	Mental health support	65
Named social worker	53	Support worker	63
Personalised plan	49	Drug and alcohol treatment	62
Support worker	46	Support with transitions	62
	46	Counselling	59

Emergency/crisis plan	52	Parent/family support	72
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The table above highlights the top 10 types of support that local authorities were providing in-house and/or provided by external agencies

It can be seen that a broad range of types of service are provided, both in house and commissioned. The most frequently selected response for commissioned services (73%) were respite and leisure activities, and providing 'someone to talk to.'

However, in our focus group with professionals from commissioned external agencies they stated that some contracts do not cover the cost of providing support. This results in resources being stretched which has impacted on the availability and quality of the support that can be provided. Support is often topped up by private fundraising.

## Qualitative insight on support for young carers

Specialist organisations felt that respite and leisure activities help young carers gain access to opportunities that they might struggle to take part in otherwise. However, they felt that this must be part of a package which also includes emotional and developmental support for the youngster and adequate support for the person they are caring for. Young carers also say they value these opportunities:

*"I can be myself now. When you go back home you have that responsibility and you have to not be childish and help whoever you're caring for. Other young carers have helped me to be myself more and I feel more open about stuff and don't need to worry about what people think about me."*

*- A young carer*

*"They need to remember that we are children, we are young people. At the end of the day personality wise we're no different, we're normal people, just normal children, sometimes we just want to mess around and be kids and we get judged for it...just understanding that we are children."*

*- A young carer*

Sixty seven per cent of local authorities had selected peer group work as a service they commissioned external agencies to provide. A few of these agencies in the focus group highlighted the value of this type of service, stating that group work is a good opportunity to work with young carers to address issues such as anxiety, bullying and self-esteem.

During the focus group, young carers stated the importance of their phone - crucial for getting in contact with the person they are caring for and in touch with school and services.

*“It is an escape and a lifeline to support.”*

*– A young carer*

Although this was identified as the single most important ‘thing’ for young carers, the use and benefits of social media and the internet were not being maximised by many local authorities and support services.

There are also some types of support that young carers would like to have but cannot access. Young carers emphasised the value of young carer groups and organisations that provide specialist support and which offered them an escape from the responsibilities and stresses impacting on their life.

Although local authorities tend to provide information and advice, young carers who participated in the focus group were not aware of some of the services and entitlements available to them. An example is the young carer’s card. Only five young carers had a young carer’s card, but a further ten said that they wanted one. These young carers did not fully understand where and how it could be used.

When asked to select the most important types of service, the top three options selected by young carers in the focus group were:

- > Someone to talk to
- > Emergency/crisis plan
- > Mental health support

Although some young carers had someone to talk to and/or were in receipt of mental health support, none of the young carers had an emergency or crisis plan, although this is something they would have found helpful.

*“If you’re a minor, under-18 and your single parent goes into hospital then there has to be someone to care for you – if they could go to a family member, family friend, godparent, if that was put into a plan.”*

*– A young carer*

### 3. Summary and policy implications

The data gathered for this review suggests that only a small proportion of young carers in England are identified and supported by their local authority. The approaches taken by local authorities have delivered mixed results, with considerable variability in the identification rates of young carers evidenced by survey results.

Most local authorities are taking steps to meet their statutory responsibilities, with 90% of 130 local authorities taking steps to identify children who may be providing care in their area. 50% of local authorities have a Memorandum of Understanding between children and adult services to help young carers fulfil their aspirations as they grow into adulthood; and 65% of local authorities are taking a 'whole family' approach to the support offered to young carers. However, some local authorities are clearly falling short of their statutory duties in respect of young carers.

To a certain extent, difficulties in identification are unsurprising given the challenges of definition and the nature of some of the responsibilities of young carers, but clearly much more can be done. In many instances, the difficulties confronting young carers are known to services and identification should be routine. As with many issues concerning the identification and support of vulnerable children, better data sharing, clearer protocols, improved training and more visible leadership from senior figures all have their part to play.

The data suggests that many children who are identified as having caring responsibilities and are subject to a referral to their local authority do not receive an assessment. Most services for young carers are commissioned to independent providers. Further work may be useful to monitor the uptake and impact of the services and the outcomes they achieve.

Our discussions with provider organisations indicate that local authorities may place an emphasis on meeting their statutory duties to take reasonable steps to identify young carers and to undertake an assessment of their needs, rather than engaging and providing support to young carers. Local authorities must endeavour to identify and meet the needs of young carers, rather than solely meeting their statutory duties. More work is needed on effective practice in provision of support for this specific group of vulnerable children and young people, involving both their views and testing and learning in formal efficacy terms.

The young carers who participated in the focus group felt that they were often ignored, and that some professionals, particularly those from statutory agencies, did not take their views into account. When talking about the person they cared for, one young carer said:

*“Because I care for them, I am the expert on their condition. No one knows them better than I do.”*

- *A young carer*



They don't know what young carers want, what we need, because they don't ask us. The councils don't consult us, they just do things off of their own back."

*- A young carer*

Many young carers felt that they are not taken seriously. This makes their caring role significantly more difficult, as it becomes a barrier to accessing the necessary support.

Young carers identified four areas of support as of particular importance:

- > **To be able to be a child.** Young carers stated that they value the opportunity to escape and to be a 'normal' child or young person. They also value meeting other young carers, which reassures them that they are not alone.
- > **To listen and take their views into account.** Young carers felt that services supporting those they are caring for did not recognise them as the main carer and the expert on their condition. They felt that their views were not accepted or respected.
- > **To have someone they can talk to.** Young carers want to be able to speak with a trusted professional person who can listen, provide advice and emotional support. Young carers felt that it was important that the person they talk to keeps their information confidential, only sharing it to help get the support they need.
- > **For professionals to be aware and understand them.** Young carers highlighted that professionals, such as GPs and teachers, are often not aware of the challenges they face, the types of support available, and the best way to support them. They also felt that more should be done to raise awareness among professionals about young carers and the support they require. Furthermore, young carers also felt that more could be done to raise awareness with their peers to tackle ignorance and bullying.



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**Children's Commissioner for England**

Sanctuary Buildings  
20 Great Smith Street  
London SW1P 3BT

Tel: 020 7783 8330

Email: [info.request@childrenscommissioner.gsi.gov.uk](mailto:info.request@childrenscommissioner.gsi.gov.uk)

Visit: [www.childrenscommissioner.gov.uk](http://www.childrenscommissioner.gov.uk)

Twitter: [@ChildrensComm](https://twitter.com/ChildrensComm)