

Young Adult Carers at School: Experiences and Perceptions of Caring and Education

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Please note identities of carers have been changed in the interest of privacy.

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Summary and recommendations



Summary

Young adult carers between the ages of 14–25 can be described as in transition – facing many changes, challenges and opportunities, whether that be leaving school, moving out of home, thinking about higher or further education, or getting a job. Little is known about the barriers that these young adults face in their personal development or access to life opportunities due to caring responsibilities. As The Co-operative's Charity of the Year for 2013, Carers Trust aims to transform the lives of young adult carers by addressing the barriers which prevent them achieving their potential in their lives.

In 2013, Carers Trust commissioned the University of Nottingham to undertake research to find out the experiences and aspirations of young adult carers in relation to school, further and higher education and work. A total of 362 people viewed the survey from which the responses of 295 young adult carers aged 14–25 have been analysed. This is the first of a series of reports to be published across 2013 and 2014 looking at school, college and university, employment, those not in work or education, and gender.

In this report we explore the experiences and perceptions of school by young adult carers who are *still at school* ($n=61$).

Summary findings

- A survey of young adult carers (average age 15.5 years) who were still at school shows that two thirds were providing a high or very high level of care.
- Almost a third (29%) reported that their own physical health was 'just OK', and 38% reported having a mental health problem.
- Only half had received additional support from a member of staff at school. 42% said there was not a particular person at school who recognised them as a carer and helped them.
- Less than half (46%) thought they had received good careers advice and only 19% of the total sample thought that it took their caring role into account.
- The majority of young adult carers (78%) considered they were doing well at school but less than half (48%) actually said they enjoyed school.
- The majority (84%) said they intended to go to university or college. However, 24% thought they could not afford to go, and 41% were 'unsure' whether they could afford it.

- Most (67%) young people informed school staff that they were a carer but the majority of those who did not felt that 'there was no point' in telling anyone.
- A quarter (26%) were bullied at school because of their caring role.
- Few (15%) had received a formal review or assessment of their needs, and only half felt that their family received good support and services.
- The majority of respondents who attended a young carers project or a young adult carers project (65%) felt that it had improved their confidence, and 54% thought that they had more friends as a result. 39% felt they had performed better at school because of the project.

Recommendations

Schools:

1. Schools should establish a clear framework of support for young adult carers, which is embedded into the school's policies and communicated to parents.
2. Schools should appoint named carer leads to assist young adult carers so that they can achieve their true potential.
3. Schools need better systems in place to identify young adult carers and review the impact of caring on their educational performance and attendance, leading to appropriate personalised support. They should record 'absence due to caring role' as a specific category so that data can be collected and statistics can be analysed.
4. There is a need for schools to develop and implement a policy and strategy for dealing with the bullying of young adult carers.
5. Each young adult carer should receive a regular review of their own needs. Appropriate services and support should be provided to ensure that their physical and mental health and wellbeing are maintained so that they can achieve their true potential in all aspects of their lives. Schools should be proactive in ensuring that reviews are conducted and that appropriate action is taken.

GPs, health and social care:

6. Given the high level of reported mental ill health and other difficulties, GPs, health and social care professionals need to be fully aware of other difficulties related to health or disability faced by some young adult carers. This requires greater identification of young adult carers by GPs and health professionals; and systems to be put in place that enable them to refer on to appropriate services or to provide support directly as appropriate.
7. GPs and other health professionals need to establish systems to identify and assess the healthcare needs of children and young people in families where parents or family members are experiencing ill health or disability.

8. Each young adult carer and their family should receive a regular assessment of their needs and those of the family. Information about assessments should be easily available so that young adult carers know what to ask for, who to ask and what they should receive. Those working with young adult carers should be aware of any statutory requirements and guidance placed upon local authorities to carry out assessments and provide services.

Young and young adult carer support services:

9. Projects for young carers and young adult carers should seek ways to reduce the amount of care provided by children and young people. This may take the form of helping young people access services and information, facilitating contacts with local authorities and service providers, and enabling young people to access relevant training to help them in their caring roles. It will also mean working with adult service providers to ensure that disabled and other parents receive adequate support so reducing the need for children and young people to provide care.

Information and advice for young adult carers:

10. Careers advice services should be reviewed to ensure that advice adequately addresses and takes account of caring responsibilities.
11. There is a need to provide clear information about the financial support that exists for young adult carers going to college and university. This information should be provided at an early stage so that the young people are able to plan their futures without the uncertainty that currently exists.
12. Services and support for young adult carers should be clearly visible and seen to be effective. Procedures should be in place so that young adult carers know who to tell, how to access services and support, and are aware of the nature of the support they can receive.
13. There is a need to examine the accessibility and usefulness of online support materials for young adult carers and update and improve these as appropriate in order to make them relevant to this group of young people.

Background



There is now a large body of research which explores the issues facing children and young people who provide **unpaid** care, support or assistance to other members of their families. These young and young adult carers are at substantial risk of a variety of negative outcomes which include poorer physical health, emotional problems and educational difficulties (Aldridge and Becker, 1999; 2003). In three large surveys, Dearden and Becker (1995; 1998; 2004) have shown that around one third of young carers aged 5–15 experience educational difficulties, and that a greater proportion of older young carers experience such problems. Similarly, Cree (2003) has reported that approximately two thirds of young carers perceive problems with school and worry about it; and analysis of the 2001 Census data shows that young adults (aged 16–24) with caring responsibilities are less likely to be in further or higher education and less likely to be in full or part-time work (Yeandle and Buckner 2007, p. 21). Hence, caring responsibilities can lead in many cases to reduced opportunities of participating and achieving in higher education and employment.

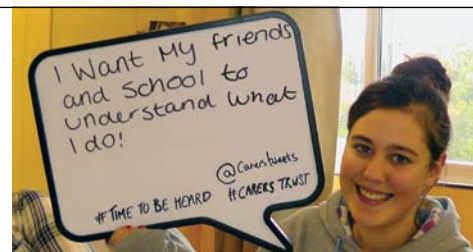
As part of a wider research project on young adult carers in education and employment, Carers Trust commissioned the University of Nottingham in 2013 to find out about the experiences and perceptions of school by young adult carers aged 14 and older who are still at school. These young people are at an important transition point in their lives – they are about to choose their path in life that will take them through further or higher education and eventually, in many cases, to paid employment. However, their ability to choose will be influenced and curtailed by their caring roles. The services and support that they receive during this time of transition can be central to their future life chances. It is essential that we understand the difficulties and barriers that young adult carers face, and how those difficulties are perceived by young people themselves, so that appropriate services and support can be provided.

About Carers Trust

Carers Trust is a major new charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with Network Partners – a unique network of 118 independent carers centres, 63 Crossroads Care schemes and 105 young carers services. Together we are united by a shared vision for carers – to make sure that information, advice and practical support are available to all carers across the UK.

The survey



An online survey was created in spring 2013 to collect the experiences of school of young adult carers (aged 14–24) and their views of higher and further education and employment. A total of 295 respondents provided data that was valid for inclusion in the analysis. Of all respondents, 61 were *still at school* and the results from this group are presented here. Findings from those who have since left school will be published separately.

Age and gender

The average age of respondents was 15.5 years (SD 0.96, $n=58$); 40 (70.2%) were female and 17 (29.8%) were male. Hence, it might appear that females are over-represented in this sample of young adult carers. Previous work with young carers with an average age of 12 (Dearden and Becker, 2004) suggests that the gender distribution is approximately equal. However, evidence we present in a later report shows that there is indeed a greater number of young females with caring responsibilities in the population.

The mean age at which respondents had started to care was 9.3 years (SD 3.1; $n=56$). However, from the comments given, it is likely that many will have started caring at an even younger age. For example, two responded:

“Since I can remember.”

And another replied:

“I actually don’t know. I was a carer before I was recognised or even knew what they were.”

Therefore, the above value for the age at which caring responsibilities started may be an over-estimate and it could be lower than nine.

The great majority of respondents (93%) lived in the same household as the person they cared for. Since they were still at school, this was as expected.

Caring responsibilities

The survey questionnaire included the Multidimensional Assessment of Caring Activities (MACA), (Joseph et al, 2009) to measure the extent of caring provided by young people. This psychometric instrument is used extensively across the UK and in 12 countries to categorise, measure and score the caring roles of children and

young people. Levels of care provision are categorised as 'low' (MACA score <9), 'medium' (10–13), 'high' (14–17) and 'very high' (>18).

Over 40% (42.6%) of the young people in the survey provided a 'very high' level of care and 21%, a 'high' level. A third of respondents (36% in total) provided a 'moderate' or 'low' level of care. Simply put, two thirds of our school-aged sample of young and young adult carers are providing a high or very high level of caring.

Over half of the respondents (53%) cared for their mothers, while 20% cared for their brothers/step brothers and 13% cared for their sisters/step sisters. Only a small number (8%) cared for their fathers. While the majority (66%) cared for only one person, 21% cared for two, and 13% for three or more.

Who they care for

	Number	%
Mother	32	52.5
Brothers/Step brothers	12	19.7
Sisters/Step sisters	8	13.1
Father	5	8.2
Both parents	2	3.3
Grandparents	2	3.3
Total	61	100

The most common disability or condition of those cared for by the young adult carers in this sample were physical disability (53%), long-term physical illness (40%), which included terminal illness, and mental health problems (38%). 28% cared for someone with a learning disability or autism and 19% for someone with a behavioural problem. None of the respondents in this sample cared for someone with a drug or alcohol problem.

Conditions of those cared for

Disability or condition of person cared for	Number	% (n=58)
Physical disability	31	53.4
Mental health problem	22	37.9
Long-term physical illness (including terminal illness)	23	39.7
Learning disability or autism	16	27.6
Behavioural problem	11	19.0
Older people	4	6.9
Dementia	1	1.7
Drug or alcohol problems	0	0

Young adult carers' own health

While the young people provided care to others, they also had personal problems and difficulties of their own. Only 26% of respondents reported their perceived state of health as 'very good'. 44% felt their health was 'good' but 29% considered it to be just 'OK'.

38% reported having a mental health problem and 12% a physical disability. 16% reported dyslexia.

Personal disabilities and difficulties

	Number	% (n=58)
Mental health problems	22	37.9
Dyslexia	9	15.5
Physical disability	7	12.1
Learning difficulties	2	3.4
Sensory difficulties	3	5.2
Autism or Asperger syndrome	2	3.4

It is not clear how much support (if any) was provided to help those young people with caring responsibilities to address their own physical and mental health needs; and whether such needs have been assessed, and indeed, the procedures and responsibilities associated with this.

Recommendation: each young adult carer should receive a regular assessment or review of their own needs. Appropriate services and support should be provided to ensure that their physical and mental health and wellbeing are maintained so that they can achieve their true potential in all aspects of their lives. Schools should be proactive in ensuring that reviews and assessments are conducted and that appropriate action is taken.

Recommendation: given the high level of reported mental ill health and other difficulties, there is a need for GPs and other health professionals to be fully aware of other difficulties related to health or disability faced by some young adult carers. This would require greater identification of young adult carers by GPs and health professionals; and systems to be put in place that enable them to refer on to appropriate services or to provide support directly as appropriate.

Recommendation: GPs, other health and social care professionals should develop a greater awareness of the impact that ill health and disability of parents may have on children within the family, and in particular on the educational, social, emotional and health needs of young adult carers.

Experiences of school

The majority of young adult carers (78%) considered they were doing well at school but less than half (48%) actually said they enjoyed school. Almost half (49%) had received support from a specific member of staff at school who took account of their caring role and helped them. Half of the young adult carers in the sample received no specific additional support from school.

Experiences of school

	Yes	%	No	%	Not sure	%	Total
I enjoy school	28	48.3	22	37.9	8	13.8	58
I am doing well at school	46	78.0	7	11.9	6	10.2	59
There is a particular person at school who recognises I am a carer and helps me	29	49.2	25	42.4	5	8.5	59
I received a bursary or scholarship	3	5.3	48	84.2	6	10.5	57
I get good careers advice at school	27	45.8	24	40.7	8	13.6	59
The careers advice takes account of my caring role	11	19.0	35	60.3	12	20.7	58

46% felt that they received good careers advice at school but only 19% felt that this took account of their caring role. Only three of the respondents received a bursary or scholarship.

Recommendation: schools should appoint named carer leads to assist young adult carers so that they can achieve their true potential.

Recommendation: schools should establish a clear framework of support for young adult carers, which is embedded into the school's policies and communicated to parents.

Recommendation: schools and young carers projects should review their careers advice services to ensure that advice adequately addresses and takes account of caring responsibilities.

Absence and lateness at school because of caring

Respondents were asked how many days in the previous fortnight they had missed as a result of caring, and how many days they had been late or had to leave early.

On average, for the whole sample, missed time amounted to half a day per two weeks (that is, over a period of ten school days); and on average respondents were late 1.4 times in that two week period, and had to leave early 0.6 times.

This is equivalent to a missed total of 5% of school days in the previous two weeks; being late for 14% of days; and having to leave early on 6% of days.

In one way or another, their caring roles interfered with around a quarter of the total school days of the sample. However, absence and lateness were not evenly distributed within the sample, 77% reported that they had had no absence in the previous two weeks. 12 young adult carers were responsible for 26 missed days in the previous fortnight. That is over a quarter of the total school days for this group. Therefore, some of the young people miss out on a substantial part of their schooling because of their caring roles. While the attendance of many young adult carers was not affected in the previous two weeks, the course of parental illness and disability can vary considerably day by day and week by week. Over a long period of time, many more young adult carers may experience lateness or absence from school because of their caring role.

Absence and lateness in the previous two weeks because of caring

	Mean	SD	n
Days missed due to caring	0.51	1.14	51
Times late because of caring	1.35	2.17	51
Times they had to leave early	0.64	2.03	50
Times they were called home because of caring	0.18	0.56	51

Recommendation: schools should develop a policy and strategy to identify and monitor young adult carers who have difficulties in attending school because of their caring role. They should provide appropriate support to help with both their attendance and their educational needs. They should work collaboratively with wider services to ensure the appropriate support is in place. They should record 'absence due to caring role' as a specific category so that data can be collected and statistics can be analysed.

Informing other pupils and school staff of their caring role

While the majority of respondents (66%) told their school friends that they were carers, only 23% reported that they were treated better as a result. Over a quarter (26%) said that they had been bullied because of their caring role.

Experiences at school

	Yes	%	No	%	Not sure	%	Total
My school friends know I am a carer	38	65.5	13	22.4	7	12.1	58
My friends at school treat me well because they know I am a carer	13	22.8	29	50.9	15	26.3	57
I have been bullied or abused because I am a carer	15	26.3	40	70.2	2	3.5	57

Additionally, most respondents (67%) reported telling staff that they were a carer; however, 15 did not tell anyone. The most common reasons for not informing staff was a desire for privacy and the notion that 'there's no point telling anyone'.

Reasons for not informing staff

	Number	% (n=15)
I want to keep it private	11	73.3
There's no point telling anyone	11	73.3
No one asked me	10	66.7
I am afraid of negative reactions	8	53.3
I don't know who to tell	8	53.3
I am too embarrassed to discuss my caring role	5	33.3
Other	3	20.0

The following comments were received with regard to not telling staff about their caring role:

“Most teachers don’t realise how being a carer can affect your school work and concentration and don’t understand that I couldn’t do some homework because I was caring.”

“I have told teachers but they often forget.”

“I don’t want to bring my mum’s private life to my school.”

While the majority of young adult carers told their school staff of their caring roles, a significant proportion did not. It seems that a desire for privacy and fear of embarrassment may deter those young adult carers from discussing their role with staff.

Additionally, the feeling ‘that there’s no point telling anyone’, the most frequent reason given for not informing staff, may act as a barrier in seeking help and support. It is possible that some young adult carers do not see any evidence of the help that *could* be given to them and consequently do not ask for help.

Recommendation: services and support for young adult carers should be clearly visible and seen to be effective. Procedures should be in place so that young adult carers know who to tell, how to access services and support, and are aware of the nature of the support they can receive.

Recommendation: there is a need for schools to develop and implement a policy and strategy for dealing with the bullying of young adult carers.

Going to higher education

The results show that most of the young adult carers (85%) who were still at school wanted to go to college or university; and almost all (94%) hoped ‘one day’ to go to university. Only four of the respondents (8%) had never thought about going to college or university. 71% reported that their teachers, and 81% that their families wanted them to go.

The results suggest that the young people are unsure about whether they can afford to go to college or university; 24% thought they could not afford to go, and 41% were ‘not sure’. They also were unsure or unaware of the financial support that could be available to them through university and college scholarships. Only 13 respondents (27%) knew that they could get a scholarship, while 31% thought that they could not, and 43% were unsure.

30% of respondents felt that their caring role could affect their opportunities for higher education. Seven of the respondents (14%) felt that being a carer had stopped them from getting good grades at school. The same number thought that they would be unable to go to university because of their caring role, and a further eight were unsure.

Intention to go to college or university

	Yes	%	No	%	Not sure	%	Total
I intend to go to college or university	44	84.6	2	3.8	6	11.5	52
I would like to go but I don't think I will get the grades	13	26.0	20	40.0	17	34.0	50
My brother or sister or close family member has been to college/university	24	48.0	22	44.0	4	8.0	50
Being a carer has stopped me getting good grades at school	7	13.7	31	60.8	13	25.5	51
Although I am doing well at school, I can't go to college/university because of my caring role	7	14.0	35	70.0	8	16.0	50
One day I would like to go to college/university	48	94.1	0	0.0	3	5.9	51
I have never thought about going to college/university	4	8.0	45	90.0	1	2.0	50
I can get financial support through a university or college scholarship	13	26.5	15	30.6	21	42.9	49
I can't afford to go to college/university	12	23.5	18	35.3	21	41.2	51
My teachers want me to go to college/university	36	70.6	1	2.0	14	27.5	51
My family wants me to go to college/university	43	81.2	1	1.9	9	17.0	53

Recommendation: there is a need to provide clear information about the financial support that exists for young adult carers going to college and university. This information should be provided at an early stage so that the young people are able to plan their futures without the uncertainty that currently exists.

Support from young carer and young adult carer projects

57 respondents provided information about their attendance at young carer or young adult carer projects. Of these 45 (79%) were currently attending a young carer project and eight (14%) were also attending a young adult carer project. Only five (9%) had never attended a young carer or young adult carer project in the past.

The benefits of attending a project are given in the table below. Percentages were calculated using the number of respondents who reported currently attending or having previously attended a project (52). 8% of the respondents reported that they did less caring as a result of attending a project, 19% advised that other organisations provided more help, and most felt that the projects had increased their confidence (65%) and helped them to establish friendships (53%). 39% thought they had had performed better at school as a result of attending a project, and 33% had attended school more often.

Benefits of attending a project

	Number	% (n=52)
Do less caring	4	7.7
More confident person	34	65.4
Have more friends	28	53.8
Other organisations provide more help	10	19.2
Attend school more often	17	32.7
Do better at school	20	38.5

Recommendation: projects for young and young adult carers should seek ways to reduce the amount of care provided by children and young people. This may take the form of helping young people access services and information, facilitating contacts with local authorities and service providers, and enabling young people to access relevant training to help them in their caring roles. It will also mean working with adult service providers to ensure that disabled and other parents receive adequate support so reducing the need for children and young people to provide care.

Support, review and assessment

The majority of respondents (67%) felt that they received good services as a carer, and over half (51%) considered that their family received good support and services. However, only 15% reported that they had had a formal assessment of their own needs as young adult carers. While the majority of young adult carers and their families may receive good support and services, a substantial proportion do not, and relatively few receive a formal assessment. This confirms the findings from a large survey of young carers (Dearden and Becker, 2004) which showed that only 18% had received an assessment of their needs.

Only 18% of young adult carers reported using online support in their caring roles.

	Yes	%	No	%	Not sure	%	Total
Family receives good support and services	27	50.9	16	30.2	10	18.9	53
Received good services as a young carer/young adult carer	35	67.3	12	23.1	5	9.6	52
Had a formal assessment by social services/social work department	8	15.4	31	59.6	13	25.0	52
Used online support to help in their caring role	9	18.0	33	66.0	8	16.0	50

Recommendation: each young adult carer and their family should receive a regular statutory assessment of their needs and those of the family. Information about assessments should be easily available so that young adult carers know what to ask for, who to ask and what they should receive. Those working with young adult carers should be aware of any statutory requirements and guidance placed upon local authorities to carry out assessments and provide services.

Recommendation: there is a need to examine the accessibility and usefulness of online support materials for young and young adult carers and update and improve these as appropriate in order to make them relevant to this group of young people.

Recommendation: schools need better systems in place to identify young adult carers and review the impact of caring on their educational performance and attendance, leading to appropriate personalised support.

Recommendation: GPs and other health professionals need to establish systems to identify and assess the healthcare needs of children and young people in families where parents or family members are experiencing ill health or disability.

Conclusion

There are at least two distinct ways in which caring responsibilities may have an impact on education and these have been highlighted in this study. Firstly, such responsibility often results in children and young people being absent from school, late or having to be called home early. While this will come to the attention of school staff, the reasons behind it may not always be clear as not all young adult carers inform school staff of their caring roles. In this study, the main reason for not telling staff was that respondents felt 'there was no point'. This suggests a lack of confidence in the system, its procedures and processes. More needs to be done by schools to restore children's and young people's confidence and establish systems through which young and young adult carers can inform staff and receive the support that they need, including that from other agencies and organisations.

Young and young adult carers projects go some way in this respect, as around a third of the respondents felt that the projects had helped them to attend school more often and do better at school. However, not all the respondents in this study attended a project, and nationally there are very many young adult carers who are unaware of the help and support they can get through those projects or other support services. The majority of respondents in this study reported that their confidence had increased as a result of attending a dedicated project, and that they had made more friends as a result.

The second way in which the caring role can affect education is through the anxiety and distraction that it creates (Cree, 2003; Dearden and Becker, 2004). Indeed, many of the young adult carers in this study reported that they suffered from mental health problems. Emotional wellbeing and mental health have previously been shown to be important concerns of young carers (McAndrew et al, 2012). However, it is unclear how many of our respondents received any support or interventions for those difficulties. Only 15% of the young people had had a formal assessment of their needs. As it is also the young people's assertion that 'there is no point' in seeking a formal assessment, services and support, therefore, need to be not only visible and accessible, but seen to be effective.

While this study shows the difficulties of young adult carers and the great extent of care that most of them provide, there is also a sense of optimism and ambition. Young adult carers want to go to university or college; their parents and teachers want them to go; the majority *intend to go* but they see difficulties. They are unsure of whether they will be able to afford to go. Some are unsure whether they will get good enough grades. All aspects of their lives are made more difficult because of their caring roles but only around half say that there is a particular person at school who helps them. Clearly, far more needs to be done within schools to help young adult carers.

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Case studies



Case study one

Jenny is 15 and cares for her mother who is physically disabled and who also has a long-term illness. She has been caring since the age of ten and now spends most of the time when she is not at school caring for her mother. Her MACA score shows that she provides a 'very high' extent of care.

She finds caring for her mother "really hard":

"I don't really like doing anything whilst helping my mum because it is really hard and I only do what I do for my mum so that I know she is OK."

Providing intimate care, such as helping her mother wash herself, is particularly difficult:

"Helping my mum get washed in the shower [is what I dislike the most] as it is not exactly what every 15-year-old girl wants to have to do."

And seeing her mother suffer adds significantly to her distress:

"Watching my mum in really bad pain and knowing that there is nothing that I can do to help her." [is the most upsetting aspect of caring]

Jenny is doing well at school but she does not enjoy it and says that she has been bullied because of her caring role. She has told the school that she is a carer but has no designated mentor or particular member of the school staff to help her. She does not think that she has received good careers advice at school or that it took account of her caring role.

She intends to go to university and her family and teachers want her to go. She seems confident that she will get the grades but is unaware of any scholarships or funding to help her through university.

Both Jenny and her family receive support but she has not been formally assessed. She attends a young carers project which has raised her self-confidence and helped her to make friends but her caring activities have not diminished.

Case study two

While intimate care can be upsetting, other tasks can also be demanding, as can the knowledge (and understanding) that a family member is experiencing severe pain and will never recover:

John is 16 years old and has been caring since the age of three. His mother has fibromyalgia, a condition that causes widespread and severe pain. She also has cancer. He not only cares for his mother but also for two other members of his family and spends around four hours caring for them on a weekday day and longer at weekends. His MACA score of 24 shows that the extent of care he provides is 'very high'.

He finds some respite and relaxation by taking the family dog for a walk, a task that he enjoys the most:

"I get to take the dog and bugger off to wherever I want and just get away from everyone and everything and just relax."

He describes his physical health as just 'OK'; and he also has problems with his mental health. He has a physical disability that gets in the way of jobs such as "mowing the back lawn". He describes this as follows:

"It's a monster of a garden and it gets over grown and with my ill foot going up and down really hurts but if I don't do it no one will."

He is very much aware of the nature of his mother's condition and this causes him distress:

"Making sure mum has taken her medication [is the most upsetting task] ... as a scientific type I know what each of the medication does and knowing that some of the medication are either a last resort or are to prolong life is really upsetting."

He attends a young adult carers project which, he says, has helped him make friends and increased his self-confidence and also helped him do better at school. He has received no formal assessment or support as a young adult carer.

He says that he is doing well at school but does not enjoy it and has been bullied. He intends to go to university and his family and teachers would like him to go. But he is still unsure of whether he will get good enough grades. He is unaware of scholarships or other funding to help him through university.



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