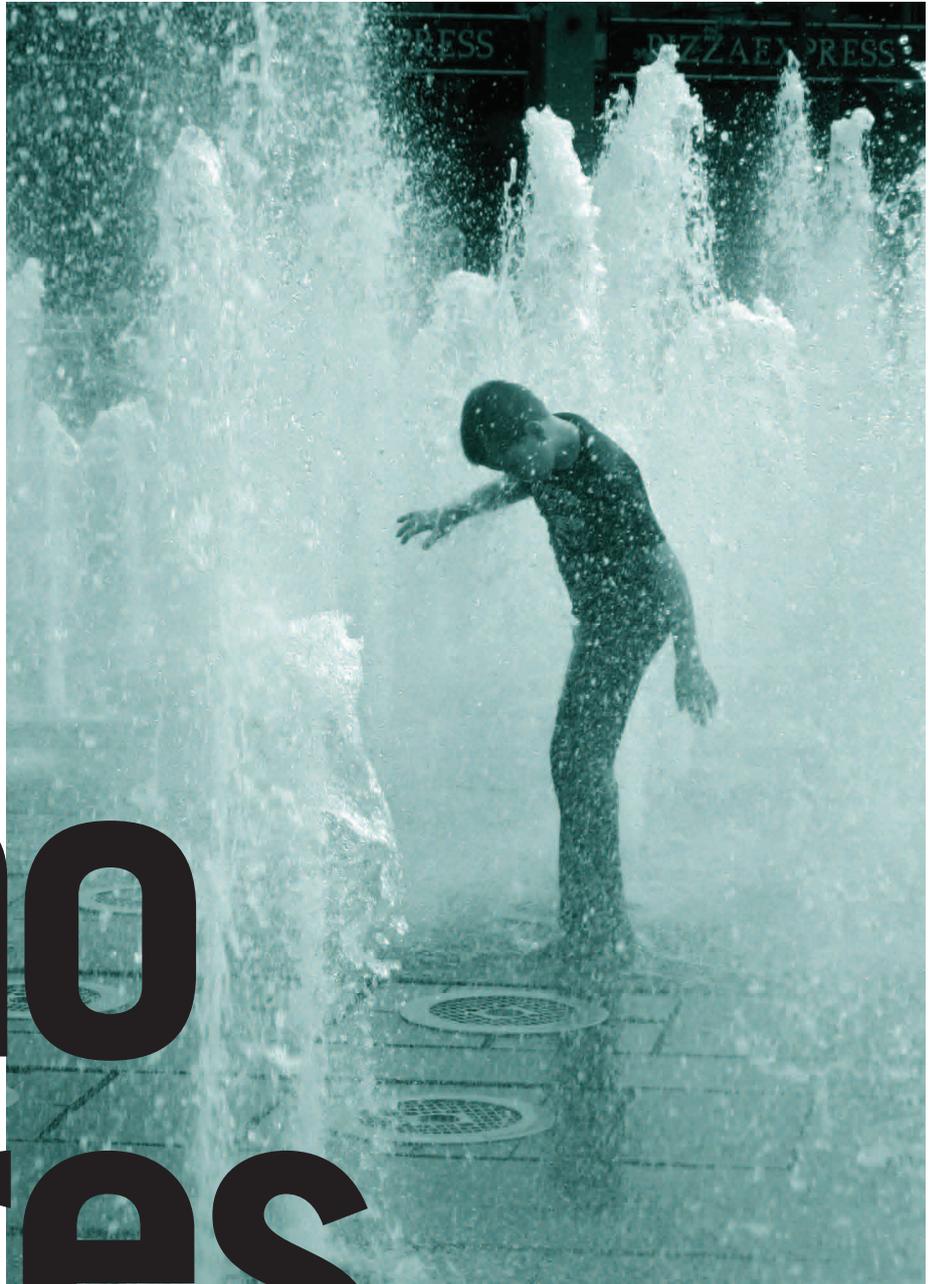


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The
Mental
Well-being
of Young
Carers
in Manchester

Who Cares About Me?

Summary Report



 Loughborough
University

 NHS
Manchester


Manchester
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"The Voice of Carers"

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All photographic images in this report were taken by young carers.



Introduction

This is a summary of the findings of a two year study by Manchester Carers Forum (MCF) and the Young Carers Research Group (YCRG) looking at the mental well-being of young carers. The study was funded by Manchester Child and Adolescent Mental health Services (CAMHS).

Currently, around 175000 children in England and Wales are providing care for a chronically ill or disabled family member in the home. These children carry out a range of tasks including domestic chores, household management duties, care of siblings and intimate, nursing-type responsibilities. Caring can adversely affect children's educational attainment, psycho-social development, their physical health and transitions into adulthood. There are also some positive outcomes for children of caring, such as enhanced parent-child relationships. In the UK, young carers are included in health and social care policy and practice and they have a right to an assessment of their needs under the Children Act 1989 and the Carers (Recognition and Services) Act 1995. In addition, a range of dedicated support services are available to young carers and their families, and there are now more than 150 young carers' projects across the UK.

Despite these advances, evidence from national surveys shows that only 18% of young carers receive an assessment of their needs and findings from our study reveal that caring unsupported for long periods of time can seriously undermine children's mental well-being. This study aimed to gain further insight into how children cope with the demands of caring in psychological terms. Using a recognized well-being measure, the study aimed to understand more about the impact of caring on children's energy levels, self-esteem and self-confidence as well as on levels of resilience and to what extent children develop coping strategies when they care.

The Study

- 50 young carers were interviewed at the point of referral to MCF using the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). The young carers – 21 girls and 29 boys aged 7-17 years – had not been in receipt of any services or support prior to the referral.
- The WEMWBS includes 14 well-being statements that focus on respondents' energy levels, their optimism about the future, how useful they feel, their interest in new things and relationships with others etc.
- Most young carers (72%) were caring for mothers and a higher proportion of care recipients had a physical illness or disability (42%), although 22% of care recipients had a combination of physical and mental health problems.

Key Findings

- Many of the 50 young carers who took part in the study responded positively to the range of well-being statements and demonstrated relatively high levels of resilience and coping skills.
- Statements to which the young carers responded most positively related to; feeling loved (82% said they felt loved *often or all of the time*); interest in new things (68% said they were interested in new things *often or all of the time*); making their mind up (66% positive) and thinking clearly (66% positive).
- Statements to which the young carers responded negatively or inconsistently related to, for example, interest in other people (32% said they were *rarely or never* interested in other people), optimism about the future (46% said they were optimistic about the future only *some of the time*; 10% *rarely or never*) and more than half the young carers demonstrated inconsistent responses to the 'I've been feeling useful' statement (26% *some of the time*; 20% *rarely or never*).
- Significant variables included gender and age of young carers (and thus how long the children had been caring) in terms of higher levels of negative responses across the range of questions.
- Female participants revealed lower relaxation and energy levels, a poorer self view and less interest in new things than male participants.
- Participants in the 14-17 year age group (who had been caring for longer periods of time – at least two years; more than ten years in two cases) were less optimistic about the future, had a poorer self view, depleted levels of interest in new things and did not feel as close to other people.



Discussion

This research puts the mental well-being of young carers under the spotlight for the first time through the use of a recognised psychological measure at the point of initial needs assessment. Some of the evidence confirmed what we already know about the impacts of caring on children, that is, that caring can undermine young carers' childhood experiences as well as aspects of their development and their transitions into adulthood. Other areas of the data appeared to conflict or were inconsistent with what we know from research to date about the consequences for children of caring. The impact of the assessment itself may have influenced to some extent children's positive responses to some of the well-being statements. Fear of being too honest about their ability (or inability) to cope with caring could also have been a factor in the relatively high number of positive responses to some of the statements. Where such inconsistencies in the data cannot be explained in these ways then further research investigations are needed to understand the ways in which young carers can and do cope when faced with the challenges and demands of caring.

A key message to emerge from this study is that early interventions in young carers' lives are crucial if they are to have the greatest impact on their lives and those of their families. The findings show clearly that older participants (in the 14-17 year age group) were less optimistic about the future, had a poorer self view, depleted levels of interest (in new things) and did not feel as close to others in their lives. These children had been caring for twice as long as the younger children in the study before receiving any formal support services and this is an important factor in the degree of negative responses among this age group.

Gender was also a significant factor in the data. Female participants had lower relaxation and energy levels, a poorer self view and less interest in new things than their male counterparts. Some of these variations can be accounted for in female young carers' willingness to be more open about their experiences or difficulties; on the other hand, the female participants may have had higher levels of caring responsibilities. Further research into the gendered nature of caring could help to explain some of these issues in more detail.

Recommendations

- /// **Expansion of current young carers' services in Manchester:** Earlier assessments and more age-appropriate interventions are required in order to meet the needs of young carers. Services to young carers in Manchester should be expanded to provide more opportunities for young carers to engage socially, increase access to information (including, for example, expansion of the Young Carers' Forum website), signposting and guidance on health issues and life skills.
- /// **Early interventions in young carers' lives, including needs assessments and referral to services:** The longer children are engaged in caring responsibilities unsupported (thus, the longer they wait for an assessment of their needs), the greater the negative impact on their mental well-being. Assessments should be offered to young carers earlier; this would require professionals to be able to identify young caring earlier, that is, at the point of contact with children and families where parental illness/disability is present.
- /// **Increased knowledge and awareness of young carers' issues among professionals and health care practitioners:** One of the ways in which professionals and health care practitioners can be more effective (and more timely) in recognising and identifying young caring is to improve training programmes for primary and secondary care practitioners. This is a key priority identified in the government's National Carers' Strategy (2008).
- /// **Support services for young carers should be based on professionals listening to young carers about their needs and their expertise:** Young carers often experience inconsistent levels of mental health and well-being. Individual, one-to-one support should be offered to young carers so that they feel able to talk freely and without prejudice about their caring experiences. Professionals should understand how young carers respond to problems and manage the demands of caring as well as discuss the expertise they may have developed in managing their parent's illness/disability (or not, as the case may be).
- /// **Support services for young carers should be based on models of good practice:** There are a number of local and national projects and schemes in place that could be extended to meet the needs of young carers. These include: the Smile project (Manchester based), the Department of Health's Caring with Confidence courses, the Expert Patients Programme (EPP) and transitional services which should also be offered to young carers to assist older young carers in making successful transitions into adulthood.

- /// **Increase support for young carers in schools: There are a number of ways in which young carers could be supported in schools:** dedicated, one-to-one support in the form of a lead worker to advocate on behalf of young carers, liaise with school staff and parents as well as voluntary and statutory service professionals; increased training for school staff and LEA professionals about issues relating to young caring.
- /// **Further research should examine gender, Black and Minority Ethnic (BME) issues and resilience factors among young carers:** The specific needs of these groups of young carers should be further examined in research studies in order to understand in more detail the gendered and BME dimensions of caring. We also know little about the specific factors that make some young carers more resilient to the negative impacts of caring than others.



Appendix

Examples of responses to well-being statements.

Age of Young Carer at Time of Assessment

Age	Frequency	Percent	Cumulative %
Seven	1	2.0	2.0
Eight	4	8.0	10.0
Nine	6	12.0	22.0
Ten	2	4.0	26.0
Eleven	4	8.0	34.0
Twelve	7	14.0	48.0
Thirteen	9	18.0	66.0
Fourteen	9	18.0	84.0
Fifteen	4	8.0	92.0
Sixteen	3	6.0	98.0
Seventeen	1	2.0	100
Total	50	100.0	

Gender of the Young Carers

Gender	Frequency	Percent	Cumulative %
Male	29	42.0	42.0
Female	21	58.0	100
Total	50	100.0	

I've been feeling optimistic about the future

Responses	Frequency	Percent	Cumulative %
None of the time	2	4.0	4.0
Rarely	3	6.0	10.0
Some of the time	23	46.0	56.0
Often	14	28.0	84.0
All of the time	8	16.0	100
Total	50	100.0	

I've been feeling useful

Responses	Frequency	Percent	Cumulative %
None of the time	6	12.0	12.0
Rarely	4	8.0	20.0
Some of the time	13	26.0	46.0
Often	10	20.0	66.0
All of the time	17	34.0	100
Total	50	100.0	

I've been feeling interested in other people

Responses	Frequency	Percent	Cumulative %
None of the time	5	10.0	10.0
Rarely	11	22.0	32.0
Some of the time	15	30.0	62.0
Often	12	24.0	86.0
All of the time	7	14.0	100
Total	50	100.0	

I've been feeling optimistic about the future

Responses	Frequency	Percent	Cumulative %
None of the time	0	0	0
Rarely	5	10.0	10.0
Some of the time	12	24.0	34.0
Often	17	34.0	68.0
All of the time	16	32.0	100
Total	50	100.0	

I've been able to make my own mind up about things

Responses	Frequency	Percent	Cumulative %
None of the time	2	4.0	4.0
Rarely	3	6.0	10.0
Some of the time	12	24.0	34.0
Often	10	20.0	54.0
All of the time	23	46.0	100
Total	50	100.0	

I've been interested in new things

Responses	Frequency	Percent	Cumulative %
None of the time	1	2.0	4.0
Rarely	6	12.0	14.0
Some of the time	9	18.0	32.0
Often	12	24.0	56.0
All of the time	22	44.0	100
Total	50	100.0	

