Overwhelming problems damaging children’s well-being

Spotlight on children caring for a parent with mental health problems

The scale of the problem

It is difficult to know the number of young people in the UK who are caring for a parent with mental health problems. Whilst there is census information on the number of young carers, not all young carers have a parent with mental health problems and not all children whose parents have mental health problems are young carers. Research suggests that around a third of young carers care for someone with a mental health condition.

The census identified 166,363 young carers aged 5-17 in the UK but other research has suggested that this is a significant underestimate. Our own research estimates there are approximately 500,000 young carers aged 10 to 17 in the UK. This is equivalent to one in ten (9.3%) adolescents in the UK.

In the Good Childhood Report 2017, we found that 28% of 10-17 year olds were living with a parent or carer affected by depression or anxiety. This equates to more than 1,650,000 10-17 year olds across the UK.

When looked at together, we found 4% of 10-17 year olds had caring responsibilities and were living with a parent/carer with depression or anxiety. This equates to approximately 200,000 10-17 year olds across the UK.

Who are young carers?

The official definition of a young carer is ‘…a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).’ Children and Families Act 2014 Section 96.

These young carers are forced to grow up early and miss out on the same opportunities as other children because they care for family members who are disabled or chronically ill, or for adults who are misusing alcohol or drugs.
Jolene's Story

Jolene is 19 years old. She lives alone with her mum who has suffered with mental health problems since Jolene was young.

Jolene’s earliest memory of helping to look after her mum was when she was in infant school. She would bring her mum a bowl of cereal for her breakfast, help her to take her medication, and comfort her when she cried.

Her recollection was that she did these things because she realised they needed doing and there was no one else around to help.

When Jolene was still at her first school her mum had to spend some time in hospital – and Jolene was given extra support at school and cared for at home. Her mum’s condition improved and she came back home, and as she gradually recovered better health the support to Jolene reduced.

Soon there was no extra help or support for Jolene or her mum and, not long after, Jolene moved to secondary school where no one knew about her situation at home.

Jolene began to feel stressed and anxious and her mum suggested she saw a counsellor. The counsellor identified that Jolene was a young carer and referred her to her local young carers service – though Jolene says that she didn’t really understand what that meant. She went to the project for a few months, but felt it wasn’t really for her.

Jolene did not tell anyone about the support she gave to her mum at home. When she was 16, her school held an assembly about young carers, but Jolene didn’t feel that enough was explained about how it can affect your life – and her classmates were laughing, joking or looking confused – so Jolene sat there keeping quiet and feeling embarrassed about what was going on at home.

Things were better at college. The environment was more informal and relaxed and there was a tutor who Jolene got on with really well and whom she felt she could trust. She told him about her mum and the situation at home and he listened and offered helpful suggestions on how to manage her studies. It was helpful that someone knew about her situation and would make allowances when she struggled to do assignments or had to take days off.

Now Jolene is at university. She hasn’t told anyone there about her caregiving role. She knows that she should, and she’s been given information about where to go if you need to get help, but she’s waiting until she knows which tutors to trust – or until there’s problem.

Taken from *There’s nobody is there – no one who can actually help?*
Outcomes in childhood

Young people with caring responsibilities can experience a range of adverse outcomes in childhood including detrimental effects on their own health and well-being.

Research has found that 2 in 5 young carers have a mental health problem, and almost half of young carers report additional stress relating to the care they provide or the lack of support they receive. According to our analysis, children that had caring responsibilities and were living with a parent/carer with depression or anxiety were seven times more likely to have low well-being (23%) than children with no disadvantages (3%).

Our previous research has shown that around 1 in 20 young carers miss school because of their caring responsibilities. This can have a significant impact on their educational attainment and prospects. Young carers are also one and a half times more likely than their peers to have a special educational need or a disability.

Young carers often live in households with low economic living standards, earning less than families who do not have a young carer. These young people are also more likely to be bullied and face stigma from their peers.

Research suggests that children who have a parent with mental health problems have a 70% chance of developing their parent’s illness or related problems such as anxiety, depression, social isolation and loss of education.

Young carers and multiple disadvantage

Our analysis found that on average, children with caring responsibilities were also facing eight other disadvantages. This was also the most common experience for children with caring responsibilities. The more disadvantages that children were experiencing alongside caring responsibilities, the lower their average well-being.

Children with caring responsibilities in combination with eight other disadvantages had substantially lower well-being (6.3 out of 10) than children experiencing no disadvantages (7.4 out of 10).

Below we have outlined two of the most common forms of disadvantage faced by children and young people with caring experiences.

Emotional neglect:

Around 3 in 20 (14%) children and young people with caring responsibilities also experienced emotional neglect. This is over three times the comparable rate for the whole sample and means that approximately 70,000 10-17 year olds in the UK could be experiencing these two disadvantages together.

This combination of disadvantages is associated with lower well-being. Almost a half (45%) of all children experiencing these two disadvantages had low well-being, compared to just 3% of children who had no disadvantages.
Food banks:

Our study found that over a third (36%) of children with caring responsibilities were in a family that had also used a food bank in the last five years. This is almost five times the comparable rate for the whole sample and means that more than 160,000 10-17 year olds could be experiencing these two disadvantages together.

This combination of disadvantages is associated with lower well-being. Over a fifth (22%) of all children experiencing these two disadvantages had low well-being, compared to just 3% of children who had no disadvantages.

Young carers’ outcomes in adulthood

Young carers can face additional challenges and problems as they enter adulthood. Many may continue to care for family members, partners or friends.

As they transition into adulthood, 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.

There is a link between parental mental ill-health and similar conditions experienced by the child. For example, the child of a parent with schizophrenia is ten times more likely to develop schizophrenia compared to the general population.

Children with a parent/carer who has depression or anxiety and their experiences of multiple disadvantage

Children of a parent with mental health problems can face additional difficulties because of the stigma and lack of visibility of mental illness. Our well-being survey for the Good Childhood Report 2017 included a sample of children who had a parent/carer with a mental illness.

On average, children living with a parent/carer with depression or anxiety were also facing six other disadvantages, including being at higher risk of homelessness or domestic violence. Children living with a parent/carer with depression or anxiety as well as six other disadvantages had substantially lower well-being (6.1 out of 10) than children experiencing no disadvantages (7.4 out of 10).

Below we have outlined two of the most common forms of disadvantage faced by children and young people who live with a parent/carer with depression or anxiety.

At risk of homelessness:

Our research finds that one in five (20%) children living with a parent/carer with depression or anxiety had also been at risk of homelessness in the last five years. This is over twice the comparable rate for the whole sample. If this proportion is applied to the UK population, more than 300,000 10-17 year olds could be experiencing these two disadvantages.

This combination of disadvantages is also associated with lower well-being. Over a quarter (29%) of all children experiencing these two disadvantages had low well-being, compared to just 3% of children who had no disadvantages.
Domestic violence:

Nearly a third (30%) of children living with a parent/carer with depression or anxiety were also living in households affected by domestic violence. This is over twice the comparable rate for the whole sample and means that more than 450,000 10-17 year olds in the UK could be experiencing these two disadvantages.

This combination of disadvantages is associated with lower well-being. A quarter (25%) of all children experiencing these two disadvantages had low well-being, compared to just 3% of children who had no disadvantages.

Support for young carers and children

There is no statutory support available for a child of a parent with a mental health problems unless they are identified as a young carer or as a child in need.

Even for young carers there are still significant barriers before support can be accessed. Young people and parents interviewed as part of previous research we conducted articulated a wide range of factors they saw, or had experienced, as hindering their access to or use of services and support.

Poor identification of need

Many young people who care for a parent with a mental health problem go unidentified and unsupported. Indeed young people caring for family members with mental health problems or substance dependency were not recorded in the latest census data.

Health professionals are well placed to identify if a child or young person is providing care for a patient and can prevent them from suffering long term and persistent issues. In addition, staff in educational settings also have a role to play in spotting the barriers faced by this group, such as punctuality and attendance, and helping them access support. There are however barriers to identification because young carer status requires children to be taking on caring duties and often this is not the case in families where a parent has mental health problems.

The lack of available help

Our previous research has found that young carers and their families are worried about the reduction in wider service provision for families and for young carers specifically. This is confirmed by recent analysis by the Office of the Children’s Commissioner in England that revealed that 4 in 5 young carers receive no support from their council. The Commissioner also found that 94% of children referred to local authorities as potential young carers, who were deemed not to require support, had received no assessment of need.

Evidence shared with the Commissioner by voluntary sector providers who are contracted to undertake these assessments say they do not receive funding to deliver services to help meet the needs of young carers.
The impact of welfare changes

Through our direct work we know that children who care for a single parent who has a significant disability already lack the financial support within the current benefits system on account of typically not being entitled to Carer’s Allowance despite their work to look after someone with a disability. With no other adult to look after them, the Severe Disability Premium (worth £58 per week) made a significant contribution to delivering support for these families and recognising the value that young carers will provide in extremely difficult circumstances.

The Government is removing the Severe Disability Premium entirely with the introduction of Universal Credit. The Government must rethink this policy which could cost the most vulnerable, low income, single parent families coping with disabilities, including many affected by substance misuse problems, as much as £3500 per year, and could force young carers to take on additional caring responsibilities for their mum or dad.

Addressing the gap in children’s social care funding

As a group, young carers are likely to be particularly affected by cuts to social care funding. As there are no statutory obligations for local authorities to provide specific services for this group – they must only assess their needs and ensure they are being met – it will likely be easier for councils to cut the support groups and respite opportunities that currently exist in some areas. From our experiences working with young carers groups across the country, we have seen changes including young carers group meetings being reduced from weekly/fortnightly to once a month, or support worker’s hours being cut.

Any reduction in these support networks and services - that seek to reduce the responsibilities of caring and provide respite - are likely to result in increased demand for more acute services. Young carer’s whose own, or a family member’s, health, safety or well-being deteriorate may come to the attention of services as a child in need. This would only be likely where a safeguarding issue arises that is severe enough to surpass already high thresholds for intervention.

As such, it is likely that young carers, unless safeguarding issues arise, are unlikely to receive other forms of support. Given the poor outcomes in adulthood without intervention, the lack of services could see them continue to struggle throughout their remaining years as a child and into adulthood itself.

Recommendations

• In the Autumn Budget, the Government should address the expected financial shortfall in children’s services in England.
• The Government should use local variations in the well-being of children experiencing multiple disadvantage to determine how this additional funding will be allocated. Particular emphasis should be placed on the provision of early help services to help prevent needs from escalating.