

Debate & Analysis

Young carers in the NHS

BACKGROUND

Carers are vital to the health economy, saving the NHS over £132 billion per year.¹ This makes it fundamental to support them in both their carer and patient roles. A significant proportion of these carers are aged <18 years. There are 166 363 known young carers in England alone, which is likely to be just the tip of the iceberg.²

Young carers are children and young people 18 years of age who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled, or misuses substances.²

A BBC survey of UK secondary schools found one in 12 students had moderate or high levels of care responsibilities.³ Wong reports as many as two in every 11 students may have a caring role.⁴ These numbers are only set to rise with ageing first-time parents and extending life expectancy.

It is important that primary care teams are aware of the problems that carers face and are organised to identify, involve, and support them in their roles.⁵ The Children's Society report *Hidden from View* documents the significant and long-lasting impacts that being a carer can have on a young person's health, wellbeing, and education.² Young carers have significantly lower educational attainment and around one in 20 misses school because of caring responsibilities. Data suggest that 87% of young carers are aged 10–17 years, with one in eight being <10 years old. They are equally likely to be male or female and most commonly care for a sibling or parent. One survey reported that 10% care for more than one person.

A secondary school screening survey saw 15% of students identify a family member with a long-term illness, disability, mental illness, or substance misuse.⁴ Of these children, 82% undertook practical tasks including housework and cooking, while 74% offered emotional support. Furthermore, 53% looked after siblings, 31% assisted with physical care, and 21% helped with personal care such as washing or dressing. A small number (9%) helped to manage the family budget and 6% interpreted language.

Around 40% of carers have high levels of anxiety or depression, with young carers known to have a higher than average prevalence of self-harm.⁵ GPs are reminded to have an awareness of these

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common conditions and screen for them where possible. Additionally, the primary care team must be vigilant to young people undertaking caring duties inappropriate to their age, which may raise a safeguarding issue.

Young carers are often hidden within marginalised groups.² They are 1.5 times more likely than their peers to be from black, Asian, or minority ethnic communities and twice as likely to not speak English as their first language. Young carers are also 1.5 times more likely to have a special educational need or disability themselves, with over 2000 reporting 'bad' or 'very bad' health problems. Despite the additional need and government recognition, there is no strong evidence that young carers are more likely than their peers to encounter support agencies.

Primary care is well placed within the community to support carers and is often the key point of access.⁵ The Royal College of General Practitioners reports that 80–90% of carers have had contact with their GP in the previous 6 months, yet many remain anonymous. Meaningful support can enable carers to maintain their own wellbeing, furthermore allowing them to care better and for longer. Further useful guidance can be found in *Involving and Supporting Carers and Families: an educational framework and learning resource for GPs and primary care teams*.⁵ Examples of strategies for improvement include robust flagging of carer roles on computer systems, offering annual influenza vaccination, and providing information packs of local services available.

CASE STUDY

Young carers are often educationally disadvantaged by their role, although they also develop many skills valuable to a career in health care. This is recognised in literature but not yet acted on.⁶ These young people with heightened responsibility, emotional resilience, and first-hand caring experience represent an untapped resource for NHS employers. As the healthcare workforce crisis continues, identifying and developing its future assets has to be a priority.

This project started with a secondary school collaborating with the local young carers' charity. A series of school assemblies introduced who a young carer might be and how they might be affected by their role. Importantly, this was delivered to all the students and class coaches, encouraging student, peer and self-identification. A cluster of young carers was identified and invited to discuss how they could be better recognised and supported.

One young carer, Jenny (not real name), was well known to the local young carers' charity. It was clear that Jenny's interaction with the organisation gave her the confidence to be enthusiastically involved in the project compared with other, cautious, peers. Parental consent was also significantly easier to achieve. The established acknowledgement of her role was quickly evident, and this raises the importance of early identification when it comes to accessing valuable support.

Jenny's caring role included housework, cooking, and emotionally supporting her mother who suffered from chronic pain.

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Jenny was 'not sure yet' of her future career interests, although she was open to applying her skills in health care and helped to shape this programme.

The initiative then focused on raising aspirations of these young people while introducing them to a range of healthcare careers. A first-aid course was offered to the young carers, followed by offering the remaining spaces to health and social care students. The students received a certificate to supplement their curriculum vitae, aiming to formally reward these students who may have sacrificed their own development to care for someone else.

Expanding on this, the students attended a 'trauma care' workshop in the clinical skills lab of the local university healthcare department. They simulated airway management and transfer of life-sized manikins, followed by interactive plenary sessions showcasing nursing, midwifery, and social care careers.

Evaluation of the events saw over 30% of students alter from being 'uninterested' to 'interested' in a healthcare career. Jenny described the project as 'amazing' and having 'changed the way [she] acts with caring'. Following the programme, Jenny documented enhanced support from the school staff, the charity, and by 'being able to talk about it and be heard'. Other positive impacts included new friendships, finding school more enjoyable, and feeling both better understood and happier about herself and her caring role. Jenny now, importantly, does less of the caring jobs she dislikes and reports being 'highly likely' to consider a career in health care.

This project demonstrates how small initiatives can significantly influence a young person's wellbeing and career choices. This scheme was designed and delivered within 1 year as a GP registrar Leadership Fellow project with Health Education England. By utilising the existing services and infrastructure within the community, so much can be done to support this hidden army. Encourage your team to review your young carers' register and explore how you, too, can make a difference.

DISCUSSION

Engaging with young carers and their guardians was most challenging in those yet to recognise their caring role. Raising awareness of this cohort can weaken barriers and open supportive channels. Acknowledgement, support, and signposting can liberate this vulnerable population and provide necessary foundations for young carers to fulfil their full potential.

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Funding

This work was supported by Health Education England in Yorkshire and the Humber who sponsored the GP Leadership Fellow role leading the project.

Ethical approval

The study was granted research ethics approval from Sheffield Hallam University (reference number 2015-6/HWB-SHUREC8-1). Permissions were obtained from the school, the young carer 'Jenny', and her guardian.

Provenance

Freely submitted; externally peer reviewed.

Competing interests

The author has declared no competing interests.

Acknowledgements

Many thanks to Leeds West Academy, the University of Leeds, and the Yorkshire Ambulance Service. Thanks also to my colleagues within Health Education England and supervisors Dr Kirsty Baldwin and Dr Mark Purvis.

DOI: <https://doi.org/10.3399/bjgp17X693425>

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