

## Contribution of Eurocarers to the European Commission Consultation on the Child Guarantee - Advocating for the inclusion of young carers

Eurocarers was invited to participate in a targeted consultation launched by the European Commission, in order to express its views on the development of the Child Guarantee initiative.

Eurocarers shares the vision of the European Commission of a world where every child can access the most basic rights like health care and education. In particular, Eurocarers welcomes:

- the **recognition that reinforced and targeted support has to be put in place for “children in need”**, as a level playing field is not enough to ensure their **equitable access to and enjoyment of social rights** (difference between equality and equity).
- The adoption of a **human rights approach** in tackling child poverty.
- The intention to adopt the initiative in the shape of a **Council Recommendation**.
- The recognition of the **negative impact** that the **Covid-19** crisis will have on children in need.

Notwithstanding the important progress, Eurocarers would like to propose some measures to make the Child Guarantee more effective in tackling child poverty and social exclusion.

In details, Eurocarers encourages the European Commission to:

### 1: Clearly mention young carers as sub-group of children in need

Young carers are children and young people under 18 who provide or intend to provide care, assistance, or support to a family member or a friend, who has a chronic illness, disability, frailty or addiction. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult.

Strong evidence (see box below) shows that **young carers are at risk of poverty and social exclusion**. If not properly supported, young caregiving may lead to serious, long-lasting negative effects, including educational challenges, health issues, increased unemployment and social exclusion. These effects are felt not just by individual young carers, but also ripple throughout society in the form of increased social assistance burdens.

In the Feasibility Study for the Child Guarantee (Target Group Discussion Paper on children living in precarious family situations) the experts acknowledge that new forms of vulnerability have been detected: “for example, there are children, most often adolescents, who are involved in caring for other household members, due to issues of mental health, substance abuse, disability or chronic disease”. Yet, they continue by saying that “Although policy attention has increasingly focused on this group under the heading of ‘young carers’, it is challenging to determine the size of this group, as well as the impact of their situation on their lives, opportunities, and welfare situation”.

Eurocarers recognizes the challenge but strongly recommends the European Commission to explicitly include young carers as example of children in need (in the sub-group children from precarious households, because of household composition, or other social risk factors).

Eurocarers is aware that each Member State can define the target groups of children in need, but calls on the EC to clearly mention young carers.

Indeed, even though young carers are a substantial population group in every European country (see box below), the awareness about their existence and their needs is still low: they may not be seen as a target group for intervention in the way that other at-risk groups (e.g. children with migrant backgrounds or with disabilities) are. If no explicit reference is made, young carers may be targeted by the States where awareness and support already exist, whereas they will continue to be invisible in other Member States and their support needs will remain unmet. The added value of EU is evident.

## Evidence supporting the need to include young carers in the Child Guarantee

### Number of young carers in Europe

Although there is currently very limited data regarding the number of young carers across Europe, some national statistics and pilot projects have helped to unveil a substantial - and yet largely unknown – population group.

In Italy, according to the most recent national statistics, there are 391.000 young and young adult carers (15-24 years), corresponding to 6,6 % of the whole population. (Istat, Rapporto sulle condizioni di salute e ricorso ai servizi sanitari in Italia e nell'Unione Europea, dati 2015).

In Switzerland, 7,9% of children aged 10-15 years are young carers (Leu et al. (2019); Leu & Becker, 2019).

In the Netherlands, research projects give us the following estimated numbers: young carers form the 6% of the population aged 13-17.

In Sweden, according to a survey, 7% of children aged 14-16 years carry out substantial amounts of caring.

In Ireland, the 2016 Census showed that 3.800 children under 15 years engaged in providing care to others, accounting for 1,9 % of all carers. Half of these children (1.901) providing unpaid care were aged 10 and under.

Census and official statistics are very important. Yet, they often overlook young carers or underestimate their number (the adult who fills in the census may not be aware/want to reveal that in his family there is a young carer). As confirmation of this, an unofficial data from a [2018 BBC survey](#) revealed there are 800.000 young carers in England (opposed to the 166.000 identified via the Census).

### Young carers and poverty

One of the factors identified in the literature on young carers is that their circumstances are often framed by lower economic resources and financial disadvantage. Lack of income and economic resources may reduce the possibilities for families to purchase formal services and supports, which may lead to higher rates of informal caring among young people in the household.

Young carers are more likely to be living in poverty because they live with a disabled adult who is less likely to be working and more likely to be relying on benefits. Similarly, if a young carer has a sibling with a disability, their parent(s) may have had to give up work to provide care to the disabled child, resulting in a drop in income. Further, the effects of the disability can also bring additional costs, in terms of heating the home, purchasing equipment or maintaining a special diet.

A study carried out by the National University of Ireland, Galway as part of their HBSC research provides an alarming finding: one in four (24.6%) young carers said they often went to school or bed hungry because there was not enough food at home. The percentage is significantly higher than the non-carer population (17.9%).

### Young carers and health

Having to take on responsibilities that would normally fall to an adult – like providing intimate care, managing a home - can lead to a young person experiencing **mental health** difficulties such as depression and stress.

A survey carried out among adolescent young carers (aged 15-17) among six European countries (Sweden, UK, Netherlands, Switzerland, Italy and Slovenia) in the framework of a EU funded project ([Me-We - Psychosocial Support for Promoting Mental Health and Well-being among Adolescent Young Carers in Europe](#)) gives us alarming findings: 8-11% of adolescent young carers reported that they have thought about hurting themselves because of their caring role. In Switzerland and in the UK the percentage is even higher: respectively 21% and 30%.

### Young carers and education

Caring activities can prevent young carers from working productively at schools, maintaining a regular frequency of classes, reaching learning goals, finalising compulsory education or accessing and succeeding in higher education. Young people with only lower secondary education or less are more often affected by unemployment, are more likely to depend on social benefits and have a higher risk of social exclusion. Their lifetime earnings, well-being and health are negatively impacted, as well as their participation in democratic processes.

Research from the UK – one of the most advanced country as to awareness and support for young carers- shows that:

- 27% of young carers (aged 11–15) miss school or experience educational difficulties (40% where children care for a relative with drug or alcohol problems) (Dearden, C, Becker, S, 2004).
- Young carers have significantly lower attainment at GCSE level (The Children's Society, 2013).
- On average young carers miss or cut short 48 school days a year. (Sempik, J & Becker, S, 2013)
- A quarter of young carers said they were bullied at school because of their caring role (Sempik, J & Becker, S, 2013).

**Young carers have been identified as being at higher risk of becoming NEET** (Not in Education, Employment or Training). Lack of self-confidence and not having the necessary qualifications are the key reasons for them to become NEET.

In the UK, young carers are more likely than the national average not to be in education, employment or training (NEET) between 16 and 19. Of these, 75% had been NEET at least once (compared with 25% of all young people) and 42% had been NEET for six months or more (compared with 10% of all young people) (The Children's Society, 2013).

In Italy, the Youth Guarantee Report has highlighted that the responsibilities related to the care are the first reason of inactivity of the young NEET between 15 and 29 years.

The trends at national level are confirmed at European level. According to Eurofound data, 15,4% of young people not in employment, education or training are in this situation because they are caring for children or incapacitated adults or have other family responsibilities.

### Young carers and social exclusion

The demands of caring can limit young carers' free time and their opportunities to enjoy social contact and friendships. The need to be at home to provide care can curtail their ability to join their peers at clubs and groups, after school, in the evening and at weekends. A family member's disability, illness or addiction may also make them reluctant to bring friends home. These factors can combine to isolate and marginalise young carers, to make them feel 'different' and to cause others to question or ridicule them for not fitting in. Studies have shown that **young carers are significantly more likely to be victims of bullying than their peers** (Green, R, Collingwood, A, Ross, A, National Centre for Social Research, 2010).

## **2: Take an integrated approach to tackle child poverty**

The Child Guarantee is focused on ensuring access to services for children in need, in order to tackle child poverty.

Eurocarers believes that supporting children in isolation is not enough: a **whole family approach** - which looks at the needs and views of all individuals within the family- is needed. This is in line with the 2013 “Investing in Children: breaking the cycle of disadvantage” Recommendation, which is based on three pillars: in addition to “access to affordable quality services”, “parent’s access to resources” and “children’s access to decision making”. In the case of young carers, the whole family approach – by identifying health and social needs of care recipients, carers and the family as a unit- contributes to a virtuous circle among services.

Moreover, access to services is not the panacea for child poverty reduction. An **equitable access to and enjoyment of social rights by children in need lies on the interplay of different policies** (welfare, long-term care, education, employment, transport).

This is evident in the case of young carers: among the barriers they face in enjoying basic rights like health and education, there is the absence of someone else who can replace them in the care provision, as well as practical problems related to transportation. Addressing these challenges require an integrated approach.

Hence, in their national strategies, Member States should explain how children initiatives go hand in hand with other policies.

In the light of the above, when implementing the Child Guarantee Recommendation, in addition to Principle 11 of the European Pillar of Social Rights, other principles need to be taken into account (for instance, Principle 18 on long-term care).

## **3. Set up targets, indicators and envisage a monitoring process at European level**

Eurocarers calls for the European Commission to set up targets and indicators in relation to child poverty. These could be aligned with the ones developed in the framework of the Sustainable Development Goal 1 (End poverty in all its forms everywhere).

Eurocarers calls for the European Commission to envisage a strong monitoring mechanism: Member States should report to the European Commission on the implementation of the Action Plans and the results should be reflected in the European Semester cycle and in the monitoring of the action Plan of the European Pillar of Social Rights.

## **4. Facilitate data collection and exchange of good practices**

Even though young carers are children at risk of poverty and social exclusion, not all Member States are aware of the relevance of the phenomenon and its long-term costs for these group of children and for society as a whole.

Eurocarers calls on the European Commission to drive policy and practices developments towards more awareness and support for this potentially vulnerable group of children, by supporting further research on young carers and their needs and by ensuring that existing good practices are disseminated and made visible across Europe. European funding instruments should be mobilised to that end.

### The impact of Covid-19 on young carers

The global pandemic of the Covid-19 virus will undoubtedly have far reaching implications for young carers. It is important to capture the views of young carers about their current experiences in order to inform the provision of effective support and identify urgent support needs.

#### Impact on mental health

Being a young carer or young adult carer has already been shown to be a risk factor for poorer mental health. The Covid-19 pandemic (and ensuing restrictions) has made things worse, for different reasons.

#### **1) The difficulties related to the practicalities of care are amplified**

The lack of availability of Personal Protective Equipment (PPE) to the social care sector left some social care providers facing difficulties with ensuring a safe working environment for their own staff. As a result, some carers and disabled people suspended care packages due to concerns over transmission.

Informal support had also been withdrawn, this included individual arrangements families relied upon such as shopping delivery, child care and cleaning services. Again, while the lockdown restrictions are in place preventing these services, the additional practical tasks are taken on in many cases by the young carers.

Practical tasks have become particularly time consuming (for instance, shopping requires more time; transportation can be challenging, if the parents were in charge of driving and they belong to the shielded population).

#### **2) Young carers are caring more**

A concerning number of young carers and young adult carers are doing more, without a break, because of the pandemic. This is mainly related to the withdrawal of support services.

In addition, the loss of established routine can be particularly challenging for some categories of care recipient, which in turn increases the caring burden on young carers.

Data from a UK survey administered to 961 young carers and young adult carers (aged 16-25) – by Carers Trust – show that:

- 58% of young carers and 64% of young adult carers felt that the amount of time they spend caring had increased since Coronavirus.
- A shocking 8% of young carers and 15% of young adult carers cared for over 90 hours per week during the pandemic.

#### **3) Young carers no longer have opportunities for respite or for coping strategies**

The awareness of the vulnerability of the health of the person they care for became an all-consuming concern, as they no longer have any distraction or support in maintaining a healthy perspective.

School is often described by young carers as a respite, a break away from home and a place within which they can focus on themselves. Data from the Carers Trust survey show that studying is a coping mechanism for 24% of young carers and 23% of young adult carers.

The lockdown prevents them from turning to their established coping strategies such as spending time with friends, engaging in a hobby or going for a long walk.

All the factors indicated above have contributed to worsen the mental health and wellbeing of young carers. Here are some alarming findings from the UK (Carers Trust):

- Since the pandemic began, 40% of young carers and 59% of young adult carers say their mental health is worse.
- 1/3 of young carers and nearly half of young adult carers have struggled to look after themselves (this includes eating well, sleep and exercise).
- 19% of young adult carers are drinking more alcohol and 4% are using illegal drugs to help them cope.

### The impact on education

Some young carers struggled to manage the requirements of home learning and felt that this was disproportionate to that of their peers who did not have caring responsibilities. The practical barriers to learning they faced included: having to care for younger siblings or not having a quiet space to be able to study. Moreover, the additional pressure of their care role prevented them from focusing on themselves and their studies.

Data from a UK study (Carers Trust) shows that:

- 56% of young carers and 39% of young adult carers said their education is suffering.
- 41% of young carers said they didn't have enough time to spend on schoolwork

As the schools reopen and students return, teachers in particular need to be mindful that some of their class may be young carers. They need to give careful consideration to the support they require to physically return to school and re-establish themselves within the curriculum, using the young person themselves as key to creating an individualised plan.

### The impact on poverty and social inclusion

The lockdown has entailed higher costs (for food and utilities), without increased financial support.

The households may have become poorer (because of the economic crises arisen from the pandemic), with long term negative consequences for young carers.

In relation to social inclusion, young carers and young adult carers have often found it hard – without adequate support for the person they care for – to maintain friendships. During lockdown, and a reduction in time in education and with support services, it is clear that this has become even harder for young carers and young adult carers.

**Young carers may not have established friendship groups that they can reach out to outside of the school environment and when they return to school if they are significantly behind their classmates this could set them further apart.**

Data from a UK study (Carers Trust) shows that:

- 2/3 young carers and 71% of young adult carers are less able to stay in touch with friends.

This has contributed to many feeling lonely and isolated, and has negatively impacted their mental health.

### Hearing the voices of young carers

Young carers should always be engaged in decision that affect them. Carers Trust has asked young carers and young adult carers what they need to overcome the extra challenges arising from the pandemic. Here are some results:

- 30% of young carers and half of young adult carers want mental health support
- 18% of young carers and 27% of young adult carers would like more information and practical advice or tips to help them cope.
- 17% of young carers and 1/4 of young adult carers want virtual peer support from other young carers and young adult carers.
- 15% of young carers and 21% of young adult carers would like practical support such as shopping.
- 44% of young carers and 30% of young adult carers would like more support with their education.

**We need, now more than ever, to listen to and act on their call.**

Sources:

Carers Trust, [My future, my feelings, my family- How Coronavirus is affecting young carers and young adult carers, and what they want you to do next](#)

Blake-Holmes, K. (2020). [Understanding the needs of young carers in the context of the COVID-19 global pandemic](#). Norwich: University of East Anglia

Eurocarers encourages Member States to:

**1. Identify young carers and recognize them as children in need**

A preliminary condition to provide extra support to a group of children is to have clarity about their profile and needs. While other categories of children at risk of poverty and social exclusion are easily identified, this is not the case for young carers.

Eurocarers recommends Member States to enhance existing national surveys such as the Census and the National Household Survey to include questions that would allow to identify and describe Young Carers. Yet, young carers are generally under-identified in surveys and censuses due to a variety of factors, including: young carers don't self-identify as carers; surveys and censuses are most often filled out by an adult; possible secrecy where someone in the family has a mental health, drug or alcohol problem.

Hence, the filling in of the national survey has to be accompanied by awareness raising campaign targeted at young carers (and general public) and delivered through schools, youth groups and social media.

Professionals - from education, social and health care field- need to receive training in order to be able to identify young carers.

**2. Provide extra, tailored support to young carers (and other children in need), by focusing on their needs, with a preventative and life-long approach**

The extra, tailored measures to ensure that young carers can fully enjoy their social rights have to be adapted to their needs. Young carers are not a homogenous group: the care that they give is different as is the context in which it is given. Hence, their needs can differ for social, financial and individual conditions. Some young carers face multiple disadvantages (for instance, migrant young carers, LGBT young carers, etc.).

A life-long approach has to be adopted: adolescent young carers (aged 15-17 have special needs, as they are in a transitional phase, from childhood to adulthood).

Overall, the focus should be on prevention, rather than protection. This means that the State should take action not just when the child's best interest is threatened, but when the child's best interests are not being fully achieved.

These considerations can be extended to other categories of children in need.

**3. Engage young carers (and other children in need) in the development, implementation and monitoring of the Child Guarantee National Action Plans**

Young carers (and other children in need) should be fully involved in all decisions which affect them, from a policy and practice levels. For their engagement to be meaningful, they have to be provided with child friendly information.

**The failure to include young carers in the category of children in need will entail for Member States a failure to live up to their international obligations to promote and protect the rights and well-being of all children.**

---

Eurocarers is the European network of carers' organisations and research institutes which acts as a voice for informal carers, irrespective of their age or the particular health and care need of the person they are caring for. We work to ensure that care is valued and unpaid care is recognised as central to the sustainability of health and long-term care systems. For more information, visit [our website](#).

For more information about Eurocarers activities with and for young carers, please contact [Francesca Centola](#), Project Officer.

For more information on supporting young carers in relation to education, please visit the [Edy-Care Project](#) website.

For more information on improving the mental health of young carers, please visit the [Me-We Project website](#).