POLICY STATEMENT

Young Carers

Many children and young people in NSW help care for their parent or sibling, but young carers often go unrecognised and miss out on needed support. Carers NSW aims to increase awareness and recognition of young carers and promote timely, age-appropriate support.

Profile

Young carers are children and young people aged 25 years and under who provide unpaid care and support to a family member or friend who has a disability, mental illness, drug and/or alcohol dependency, chronic condition, terminal illness or who is frail. Young carers can be, but are not always, the main provider of support (the primary carer).

Young carers provide a range of practical, specialist and emotional assistance which often exceeds community expectations of what a child or young person can and should be responsible for. The tasks undertaken by young carers can range from domestic duties such as meal preparation and cleaning, to personal care such as showering, to supervising siblings and providing emotional support.

According to the 2015 Survey of Ageing, Disability and Carers, there are 95,600 young carers in NSW, of whom 4,900 (9%) are primary carers. Around one in ten carers in NSW (11%) are young carers. However, many young carers are not included in these statistics as they are likely to be hidden carers.

Fifty percent of young carers and 81% of primary young carers are female. Research has also shown that young primary carers are more likely to be Aboriginal or Torres Strait Islanders or be of a culturally or linguistically diverse background than non-carers of the same age. In terms of geographical location, one third (33%) of young carers live outside of a major city.

Legislative framework

Public sector agencies in NSW are obliged under the NSW Carers (Recognition) Act 2010 to ensure their staff and agents are aware of the principles of the NSW Carers Charter (Schedule 1 of the Act) and reflect the Charter in their HR policies. Human service agencies are additionally required to ensure their staff and agents enact the principles of the Charter. The Charter lists a range of best practice principles for working with carers, including one that states: ‘Children and young people who are carers should be supported to reach their full potential. The Commonwealth Carer Recognition Act 2010 enshrines a similar principle in the Statement for Australia’s Carers.

Elise* began caring for her mother from a young age. As her father worked shift work, Elise would cook and clean and look out for her mother, who needed constant supervision. Caring was stressful for Elise, as she never knew what crisis she might come home to.

* Not her real name

‘Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential.’

Statement for Australia’s Carers
Key issues

Young carers often gain important skills from their caring role, a sense of pride and satisfaction and strong bonds with the person they care for. However, having a caring role that is beyond a young person’s capacity and maturity can have serious negative consequences for health and wellbeing, education, employment, relationships and socialisation.

Young carers, especially those with intensive caring roles, are at risk of long term disadvantage.\v

Carer identification

Many young carers are ‘hidden’, meaning that they do not identify as carers, or are not recognised as carers by family members, schools and service providers. Common reasons for this include:

- They feel they are just fulfilling a family duty
- They are often not taken seriously by professionals and service providers because of their age
- They often share care with other family members, and may not be the primary carer
- They fear bullying by their peers or discrimination at school, at university or in the workforce
- They and/or their parents may be reluctant to talk about their caring role, due to a sense of guilt, or fear that child protection may get involved

Policies, practices and attitudes of staff in health and community services can also be barriers to young carers receiving support. Young carers consistently report not being recognised in their caring role by health professionals and service providers, and being excluded in discussions about their family member’s condition and treatment.

Socio-economic status

Caring at a younger age has been associated with significant socioeconomic disadvantage as young carers are more likely to live in low-income and lone parent households compared to their non-caring counterparts.\vi Consequently, many young carers live in low resource households and are less likely to have access to a motor vehicle or an internet subscription, which may contribute to difficulties in work and studies.\vi Limited finances can impact on a young carer’s ability to participate in employment, education and social activities.

Education and employment

Many young carers have trouble balancing school work with their caring role. Compared to their non-caring counterparts, young carers have lower levels of educational attainment and workforce participation.\vii Research also indicates that young carers have higher rates of absenteeism and may have difficulties in completing assignments or homework due to their caring responsibilities. Furthermore, young carers are less likely to finish year 12 and have a post-secondary education than non-carers of the same age.\viii Without adequate support, such issues can affect students’ long term educational achievement and employment prospects.\x Unfortunately schools often fail to recognise young carers and address their needs.

‘If someone had picked up in high school that I was a young carer and helped me to receive services earlier, I think it would have made a real difference to me maybe finding things to help me go to university while looking after Mum and also to help me when I was doing my HSC.’

- Young carer.
Lower levels of educational attainment are likely to have a direct impact on young carer’s workforce participation with significant research indicating that many young carers are less engaged in the workforce, impacting on future career prospects. For young carers receiving the Carer Payment, the 25 hour rule can also limit their opportunities to participate in schooling and employment. Under this rule a carer cannot work, study, train or volunteer for more than 25 hours a week, including travel.

**Health and wellbeing**

While young carers report many positive aspects associated with their caring role, they are more likely to have poorer mental health than their peers. Young carers commonly report worrying about the person they care for even when they are not with them, impacting on their mental health. Many young carers find that they have limited time or the financial means to socialise due to their caring role and other commitments, while others may avoid inviting friends over which can lead to social isolation amongst some young carers. A young carer’s physical health may also be impacted by inappropriate manual handling procedures or interrupted sleep.

**Key recommendations**

To improve outcomes for young carers, Carers NSW will work towards and advocate for:

1. **Expansion of young carer support programs**, with a focus on opportunities for young carers to develop social networks and build friendships with other young carers.

2. **Improved access to replacement care services**, including flexible respite options, to free up young carers to work and study.

3. **Greater recognition and support within the education system** to reduce barriers and improve educational outcomes for young carers.

4. **Support to access flexible employment** that enables young carers to balance work and care.

5. **Implementation of strengths based approaches to working with young carers** which recognise their knowledge, strengths, skills, resilience and capacity to influence change.

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3 Cass et al. (2011).


5 Cass et al., 2009, 2011; Moore 2005

6 Australian Bureau of Statistics (2017); Cass et al. (2011)

7 Hill et al. (2016)


9 Ibid.


11 Cass et al. (2011).

12 Ibid.
