Experience of Young Carers

Pupil Wellbeing Survey 2026

Gloucestershire County Council

Introduction

A young carer is a person under 18 who helps to look after a relative with a disability, illness, mental health condition, or drug or alcohol problem.

Young carers, often look after one of their parents or care for a brother or sister.

They may do extra jobs in and around the home, such as cooking, cleaning or helping someone get dressed and move around. They may also give a lot of physical help to a parent, brother or sister who's disabled or ill.

Along with doing things to help their brother or sister, they may be giving them and their parents emotional support, too.

Young carers may miss out on opportunities to play and spend time with their friends and classmates. They may feel isolated from their friends because they do not have as much free time and they may often be thinking about the person they look after.

Action for Children[1] detail some of the impacts of being a young carer such as missing more education than their peers and not being able to spend as much time on their school work. They also report young carers often feel isolated, lonely and have difficulties making friends.

They also highlighted the additional strain on young carers mental wellbeing.

The Pupil Wellbeing Survey

The Pupil Wellbeing Survey (PWS) and Online Pupil Survey™ (OPS) is a biennial survey that has been undertaken with Gloucestershire school children since 2006. Students participate in Years 4, 5 and 6 in primary schools; Years 8 and 10 in secondary schools; and Years 12 and 13 in post-16 settings such as sixth forms and colleges. A large proportion of mainstream, special and independent schools, colleges and educational establishments take part, representing approximately 70.0% of students in participating year groups in 2026. The PWS asks a wide variety of questions about student's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2026 PWS was undertaken between January and April 2026.

[1] https://www.actionforchildren.org.uk/blog/young-carers-who-are-they-and-how-are-they-impacted

Limitations and caveats of the survey

Not all children and young people who are resident in Gloucestershire attend educational establishments in the county and similarly not all students attending educational establishments in Gloucestershire are residents in the county. It is therefore important to remember this analysis is based on the student population not the resident population.

Gloucestershire is a grammar authority and has a number of notable independent schools, and several mainstream schools very close to the county's boundary; these all attract students from out of county. This results in the school/college population (particularly at secondary phase) having slightly different characteristics, especially ethnicity, to the resident young people's population. 12.3% of Gloucestershire's resident population (2021 Census) were estimated to be from diverse ethnic communities; however, 23.1% of Gloucestershire's student population were from diverse ethnic communities in January 2026 and 23.4% of the PWS cohort were students from diverse ethnic communities in the 2026 survey.

Although a large proportion of the county's educational establishments took part in the survey, some only had low numbers of students completing the survey; in contrast, others had high numbers. Although this doesn't impact the overall county analysis, as demographics are represented as expected at this geography, analysis by district and education phase might only have certain demographic groups represented due to low student take-up (for example, low numbers completing the survey in Tewkesbury at post-16

phase). Where post-16 provision is situated also impacts the survey, as older students travel further to access post-16 provision.

Analysis of deprivation

Educational settings have been categorised into statistical neighbour groups which cluster settings with students of a similar socio-economic profile within the same type of setting (a similar level of deprivation, affluence or personal/family characteristics).

We use Ministry of Housing, Communities and Local Government (MHCLG) Indices of Multiple Deprivation (IMD) to determine the relative deprivation of students. The IMD is based on the home postcode of students (collected in the School Census). This is aggregated to give an overall IMD score for the setting, reflecting the deprivation levels experienced by students. The settings are then split into quintiles based on their scores: quintile 1 is the most deprived and quintile 5 is the least deprived in Gloucestershire.

In addition:

- Grammar/selective schools are compared to other grammar/selective schools in their phase without reference to the IMD.
- Independent schools are compared to other independent schools in their phase without reference to the IMD.
- Post-16 only/Further Education (FE) colleges are compared to all other post-16 only colleges without reference to the IMD.
- Special schools are compared to all other schools of this type in the same phase without reference to the IMD.
- Vocational and alternative settings/schools are compared to other settings/schools in the same phase without reference to IMD.

Prevalence of young carers

Key takeaways:

Prevalence of young carers: In 2026, 6.2% of students identified as young carers, with primary pupils included for the first time, highlighting that caring responsibilities may begin and be recognised earlier than previously understood.

School experience: Young carers report a poorer school experience than their peers, including lower school enjoyment and belonging, alongside higher absence, behavioural difficulties and exclusion.

Home life: Young carers are more likely to experience financial hardship, family adversity and caring responsibilities that can place significant pressure on their home lives.

Healthy living: Young carers are less likely to get enough sleep or exercise, although their fruit and vegetable consumption is similar to that of non-carers.

Health-harming behaviours: Young carers are more likely to engage in a range of health-harming behaviours, including smoking, vaping, drug use, excessive screen time and eating difficulties.

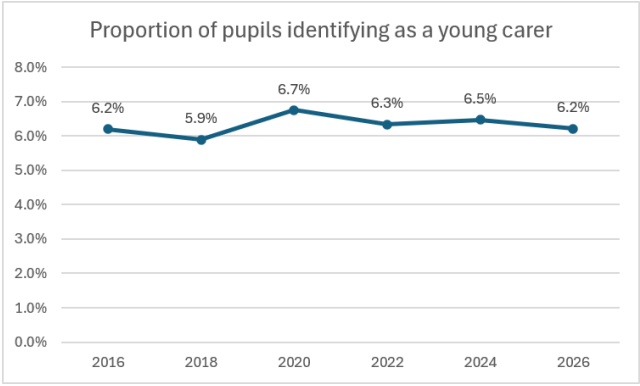
Mental wellbeing: Young carers experience substantially poorer mental wellbeing, with higher rates of bullying, self-harm, worry and low mental wellbeing emerging at younger ages.

Getting help and feeling supported: Many young carers access support through schools and services, but over one-third feel they need more support, a proportion that has increased significantly since 2024.

Aspirations for the future: Young carers are less optimistic and confident about the future than their peers and are more likely to plan to enter work or apprenticeships rather than further education.

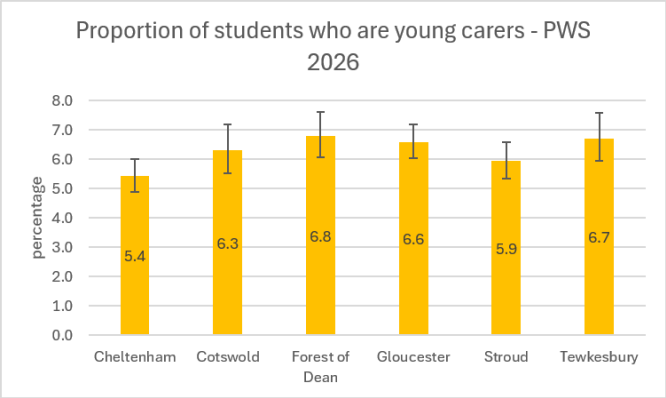
In 2026, these questions were extended to primary-aged pupils. It is important to emphasise that whilst this question was asked, younger children may not recognise themselves as young carers because caring responsibilities can feel like a normal part of family life. Equally at this age they may not fully understand the question. As children get older and become more aware of how their home life compares with that of their peers, they may be more likely to understand and where relevant accurately identify themselves as having a caring role.

In 2026 6.2% (1,863) of Gloucestershire students identified as a young carer. This is in line with the previous 8 surveys. Research[2] suggests as many as 1 in 5 (20%) young people in England are young carers.



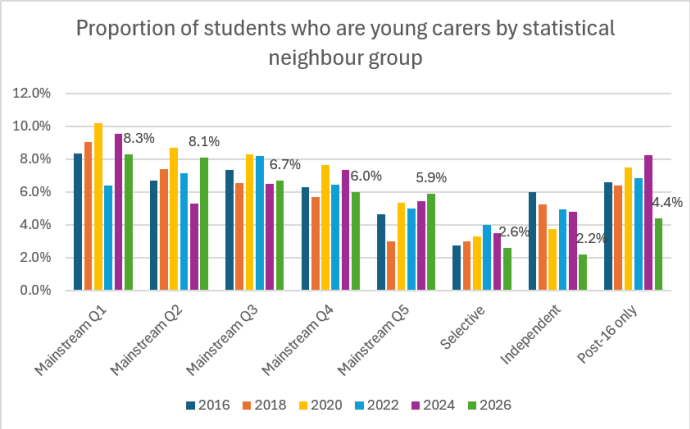
Students in settings in Forest of Dean and Tewkesbury were the most likely to identify as being a young carer however, this wasn't significantly higher than other districts. Cheltenham had the lowest proportion of students identifying as a young carer.

[2] https://www.nottingham.ac.uk/education/news/news-items/news1718/child-carers.aspx



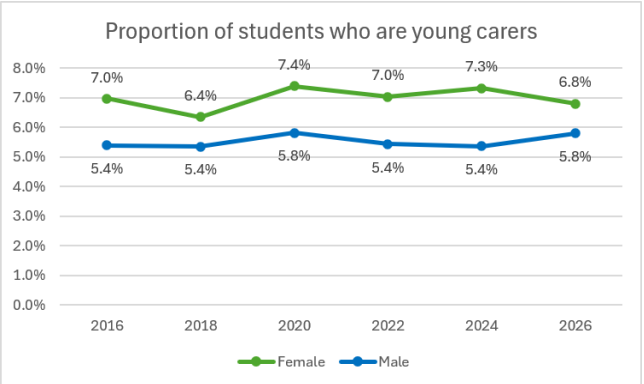
Historically, students at schools in Tewkesbury have reported the highest levels of young carers, with an average of 7.3% since 2016. There has been a steady increase in students in Gloucester schools identifying as being a young carer since 2016.

Generally, the proportion students identifying as a young carer decreases as deprivation decreases.

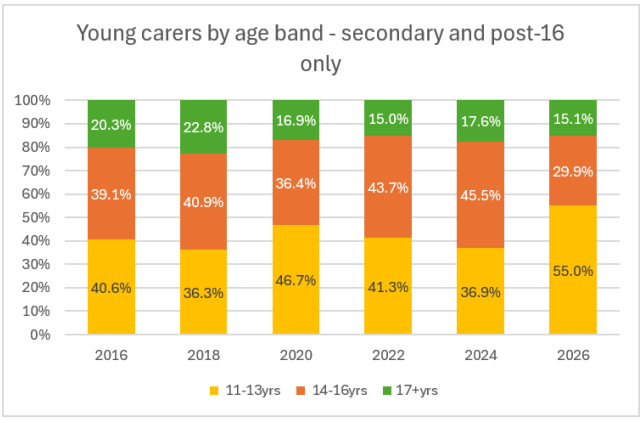


The chart above shows whilst consistently having a low proportion of students identifying as a young carer there has been an increase in students at the least deprived schools (those in quintile 5 settings).

Female students were more likely to identify being a young carer than male students in 2026 (6.8% vs. 5.8%) this was in line with the historical trend.



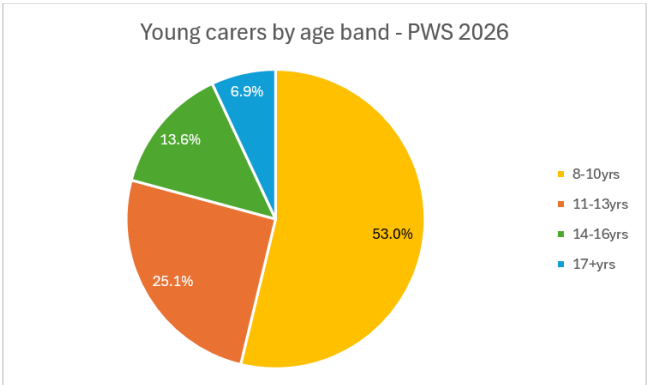
When looking at secondary and post-16 students only, the proportion of young carers aged 11-13 years has gradually increased, and now older students represent a smaller proportion of the cohort.



In 2026 primary students were asked if they were a young carer. Over half of the young carer cohort in 2026 were aged 8-10. This may be an extension of the trend of young carers getting younger when they realise their home life is different.

Whilst there are some concerns about younger students' understanding of whether they meet the definition of a young carer, their wider responses suggest that this group is reporting a lived experience that is broadly consistent with older students who identify as young carers.

Patterns across related measures including wellbeing, responsibilities at home, and experiences of support; appear to align with both the responses of older self-identified young carers and historic findings for this cohort. This suggests that, although some caution is needed when interpreting younger students' self-identification, their responses should not be dismissed, as they may still be capturing meaningful indicators of caring responsibilities and associated need.



Students from most vulnerable groups were significantly more likely to be young carers.

Vulnerability	**Odds ratio -** *times more likely than less vulnerable peers*
Known to CSC	**3.3**
4+ ACEs	**3.3**
Bullied	**2.9**
Eligible for FSM	**2.6**
Neurodivergent	**2.6**
LGBTQ+	**2.2**
Disability	**2.0**
LMW	**1.8**
EHCP/SEN	**1.5**
Diverse ethnic communities	**0.9**

There was no significant difference by broad ethnic group in students identifying as a young carer in 2026. However, students from *Traveller of Irish heritage* (21.4%), *Pakistani* (10.3%), *Mixed White and Black Caribbean* (9.7%) and *Mixed White and Black African* (9.8%) were all significantly more likely to identify as a young carer compared to *white British* students (6.2%).

School experience, including absence and exclusion

In 2026 52.4% of young carers said they enjoyed school, this was significantly lower than non-carers (62.5%). Young carers were also significantly less likely to say they learnt a lot at school (70.7% vs. 76.1%) or felt they belonged to their school community (51.4% vs. 64.5%) compared to non-carers.

In terms of feeling supported at school, unfortunately, young carers were significantly less likely to report they got enough help at school with learning (58.6% vs. 66.3%), said teachers told them how they were doing at school (59.5% vs. 64.2%) or saying they felt valued by peers and adults around them (64.4% vs. 71.9%) compared to their non-carer peers.

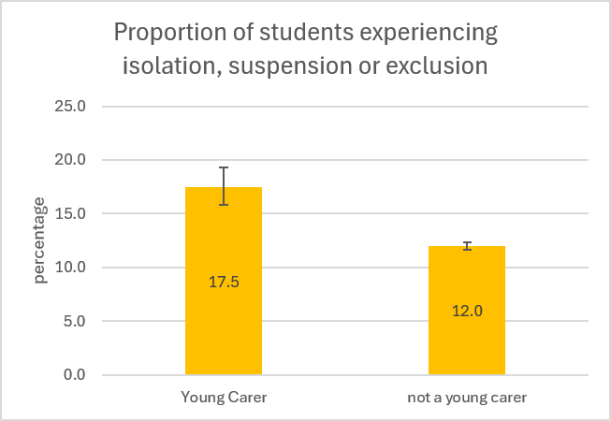
Young carers also report they are more likely to be in trouble often (16.8% vs. 8.6%), be aggressive or violent at school (11.6% vs. 5.1%) and significantly more young carers said they were stressed by school (56.0% vs. 43.6%) and worried about going to school (36.1% vs. 22.4%) than non-carers.

Young carers were significantly more likely to report missing 10% or more of sessions from school (29.4%) than non-carers (19.5%), they were also more than twice as likely to be absent for more than 16 days in the previous autumn term than non-carers (7.7% vs. 3.6%).

Students who reported missing any school were asked why, and as with non-carers, illness was the most common reason given for missing school by young carers (76.6%).

Around 1 in 20 carers said their home situation prevented them going to school (4.3%) and that they were off school to look after a relative (6.1%). Around 1 in 8 of young carers (12.8%) reported missing school because they were too tired compared to 1 in 13 non-carers (8.0%). Young carers were almost 3 times more likely to say they missed school to avoid bullying than non-carers (8.4% vs. 2.9%) and almost twice as likely to say they missed school due to mental health/anxiety (21.6% vs. 12.7%).

1 in 6 young carers reported experiencing an isolation, suspension or exclusion from school. This was significantly higher than non-carers and in conjunction with other intelligence around their behaviour at school earlier in the report, may suggest a lower understanding of the difficulties with their home life and the impact this has on their ability to cope in school.

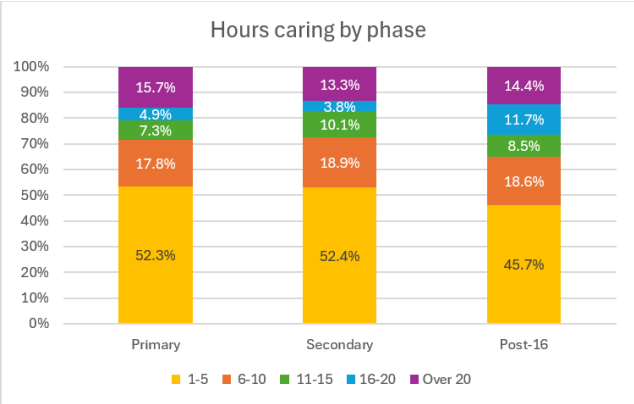


Whilst not significantly different, a lower proportion of young carers who and experienced an isolation, suspension or exclusion said they were listened to in the process than non-carers. Young carers were also more likely to say things had got worse after their isolation, suspension or exclusion than non-carers (16.6% vs. 11.8%).

Less than half of young carers (45.6%) said they felt happy at school most of the time in the previous week compared to almost half (56.3%) of non-carers.

Home life

Just over half of young carers said they spent up to 5 hours caring for a family member per week, 1 in 7 (almost 300 students) said they spent more than 20 hours a week caring for a family member in 2026.



Historically, the highest proportion of young carers said they did between 5 and 10 hours caring per week, but this has reduced since 2018. Young carers are now most likely to say they do up to 5 hours caring per week. The proportion saying they do over 20 hours caring per week has remained in line since 2012 at around 1 in 6 young carers.

Young carers were significantly more likely to say they lived in a single parent family than non-carers. This could indicate more pressure on the finances of the household, especially if they are caring for a parent/carer who is unable to work.

1 in 3 young carers (29.1%) reported they were eligible for Free School Meals (FSM), three times more than non-carers (13.6%). Over a quarter of young carers said they had a family social worker compared to 7.7% of non-carers.

Young carers were significantly less likely to say the food on offer at home allowed them to eat healthily (65.7%) than non-carers (73.0%) which may be attributable to having less time. Young carers were also significantly more likely to say they missed a meal because there wasn't enough food at home (14.1%) compared to non-carers (6.8%).

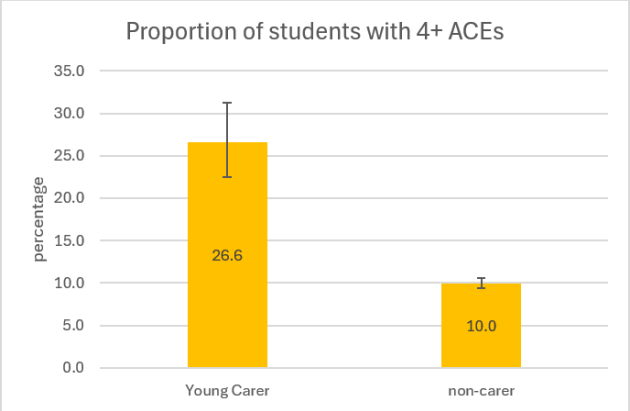
82.2% of non-carers said they got enough help with homework from their parent/carers, however only 72.4% of young carers felt they got enough help at home with homework.

Despite their caring responsibilities, young carers were significantly less likely to report they felt safe at home than non-carers and 1.3% said they felt very unsafe at home. Just under half (47.7%) reported they had witnessed domestic abuse compared to 22.2% of non-carers. This could suggest the stress of having a family member who has a significant physical or mental health condition or significant drug or alcohol addiction, can have serious and wide-ranging impacts on the whole family.

1 in 10 young carers said they had run away from home in the last 6 months, significantly more than non-carers (2.3%).

Students in Year 10 and post-16 are asked about Adverse Childhood Experiences (ACEs) in the PWS. Experiencing more than 4 ACEs has been linked to experiencing worse health and socio-economic outcomes in adulthood. In 2026 more than twice as

many young carers reported experiencing 4+ ACEs than non-carers.



The most frequent cited ACE experienced by all students was that *parents or guardians were separated or divorced* however, for young carers the most commonly cited ACE, reported by a third (35.1%) of young carers, was they *lived with a household member who was depressed, mentally unwell or attempted suicide*.

Around 1 in 5 (20.7%) of young carers reported they *lived with someone who had a problem with drinking or using drugs* this was more than twice as many as non-carers (8.3%). A significantly higher proportion reported they *often felt unsupported, unloved and/or unprotected* (18.1% vs. 8.8% of non-carers).

Healthy living

Young carers were less likely to report they did the recommended exercise per week (40.3% vs. 48.8%). Young carers were also significantly less likely to say they got the recommended sleep (45.8% vs. 56.4%).

Just over 1 in 5 students said they ate 5 or more portions of fruit and veg a day, '5 a day'. This was the same for both young carers and non-carers.

Young carers were significantly less likely to say they ate snacks such as sweets, chocolate, crisps or biscuits daily than non-carers (49.7% vs. 51.8%).

However, they were significantly more likely to report they drank energy drinks daily (6.4% vs. 2.9%). The physical effects from over-consumption of energy drinks are mostly related to caffeine. Increased caffeine consumption in children and adolescents results in increased blood pressure, sleep disturbances, headaches and stomach aches. A review of evidence[3] published in 2024 also highlighted links to more risks than previously found, such as anxiety, stress and suicidal thoughts.

Health harming behaviours

Generally young carers are more likely to engage in health harming behaviours than non-carers. This may be part of a coping mechanism for the adversity they face.

Young carers in secondary and post-16 settings were significantly more likely to report:

- Smoking cigarettes regularly (5.0% vs. 2.4%)
- Vaping regularly (14.2% vs. 7.8%)
- Regular under-age drinking (4.1% vs. 3.5%)
- Trying drugs (17.7% vs. 11.8%)
- Excessive screentime (33.3% vs. 25.6%)
- Have eating difficulties in response to how they feel about their weight or shape (55.6% vs. 32.2%)

[3] Consumption of energy drinks by children and young people: a systematic review examining evidence of physical effects and consumer attitudes

Mental wellbeing

Friendships are vital in terms of emotional wellbeing and development, providing children and young people with a sense of purpose and belonging, and can be the defining reason whether they feel happy and able to cope in school or with their learning.

Young carers were significantly less likely to say they found making and keeping friends easy (43.2%) than non-carers (55.2%)

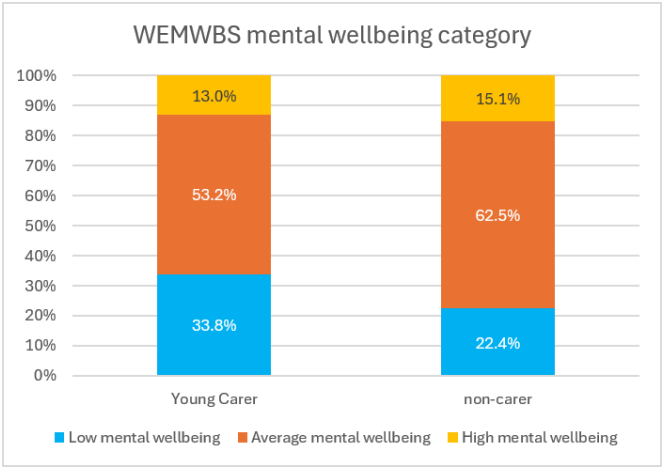
Generally, incidence of bullying reduces as children and young people age and is highest in Year 4 where 10.8% of students report being bullied regularly. Young carers are significantly more likely to report being bullied regularly (13.4%) than non-carers (5.1%).

43.4% of young carers say it's *Pretty tough being me* compared to 27.9% of non-carers.

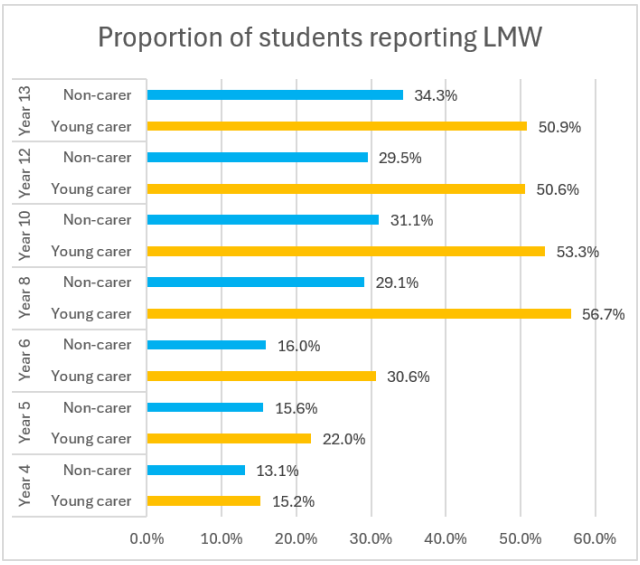
The proportion of young carers reporting they woke in the night due to worry was twice that of non-carers (14.1% vs. 6.9%).

The PWS uses the WEMWBS survey to measure mental wellbeing of students. Scores from WEMWBS are then categorised into low, average and high mental wellbeing, low mental wellbeing (LMW) has been aligned with a probable diagnosis of anxiety and/or depression. Generally, incidence of LMW increases as students age, and peaks in Year 10 before reducing post-16.

Young carers were significantly more likely to report LMW than non-carers (33.8% vs. 22.4%).



Mental wellbeing of young carers appears to deteriorate earlier than non-carers, with 1 in 3 reporting LMW in Year 6 compared to 1 in 6 non-carers and 1 in 2 reporting LMW in Year 8.



Young carers were significantly more likely to say they had ever self-harmed than non-carers (40.6% vs. 19.3%) and twice as likely to say they self-harmed regularly (28.8% vs. 14.9%). A third (34.4%) of young carers who had self-harmed said they had first self-harmed aged 10 or younger, significantly higher than non-carers (18.4%).

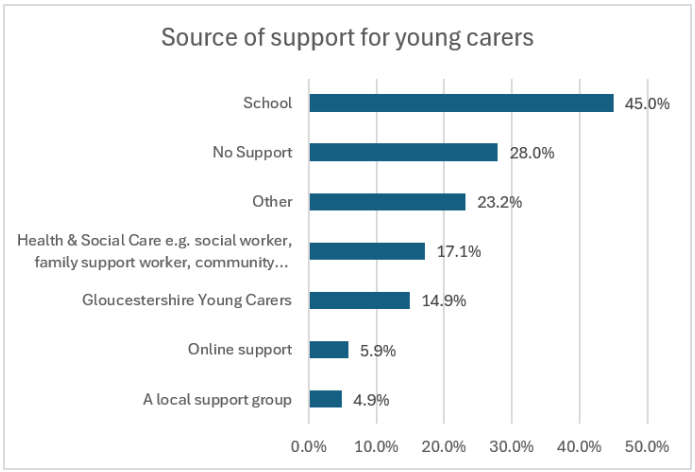
Getting help and feeling supported

It is important for all young people to receive help and support when needed but it is particularly important for young carers.

Young carers were significantly less likely to have a trusted adult to go to when they were worried about something (72.5% vs. 81.6%)

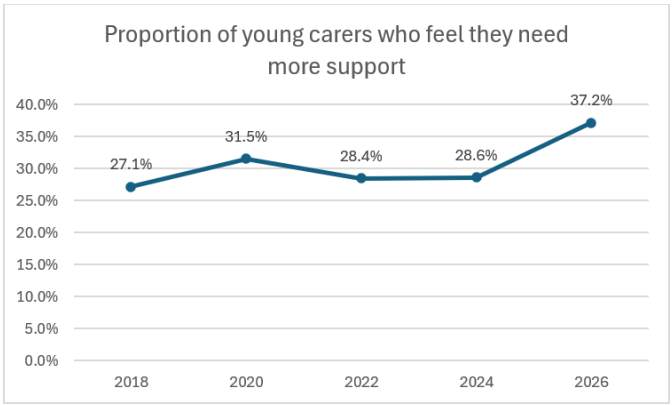
Young carers were asked where they got support specifically for being a young carer and the difficulties associated with it.

Just over a quarter of young carers said they received no support (as shown in the chart below), it is unclear if this was due to their choice or a lack of access. Almost half of carers received help from their education setting. Almost 1 in 6 had received support via Gloucestershire Young Carers.



37.2% of young carers reported they felt like they needed more support, this was slightly higher in those who were receiving some support than no support but not significantly.

The proportion of young carers who felt like they needed more support increased significantly in 2026. This might be influenced by younger students being asked if they are young carers.



40.0% of young carers had received mental health support from a professional, significantly more than non-carers (21.4%). Where they had not received professional mental health support almost a third (30.8%) of young carers said they felt they would have benefited from it, significantly higher than non-carers (20.0%).

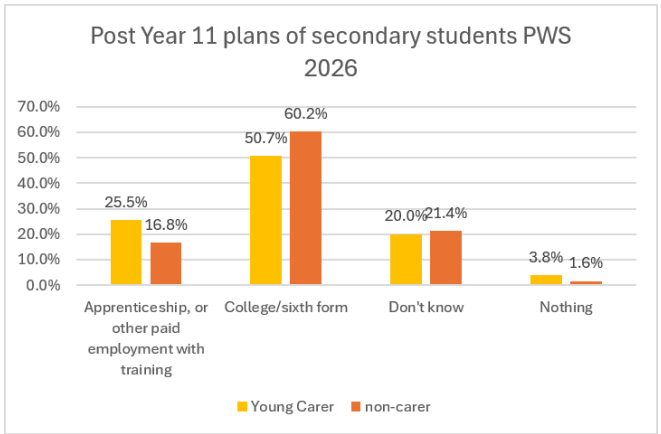
Aspirations and the future

Around half of young carers (52.4%) felt they have control over their life, 53.8% said they were satisfied with their life and only 38.4% said they felt optimistic about the future.

74.0% of young carers said they were confident about their future, significantly less than non-carers (82.8%). 9 in 10 (92.0%) of non-carers said they felt proud of their previous achievements, significantly fewer young carers felt the same (84.7%).

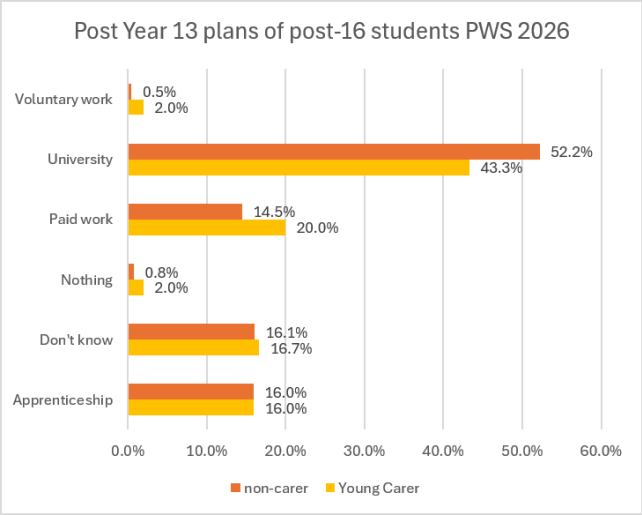
74.3% of young carers said the careers advice they had received had been useful, this was in line with non-carers.

Students in Year 8 and 10 were asked about their plans after Year 11. Young carers were significantly more likely to report they planned to go into an apprenticeship (25.5% vs. 16.8%). They were also more likely to say they planned to do nothing after Year 11.



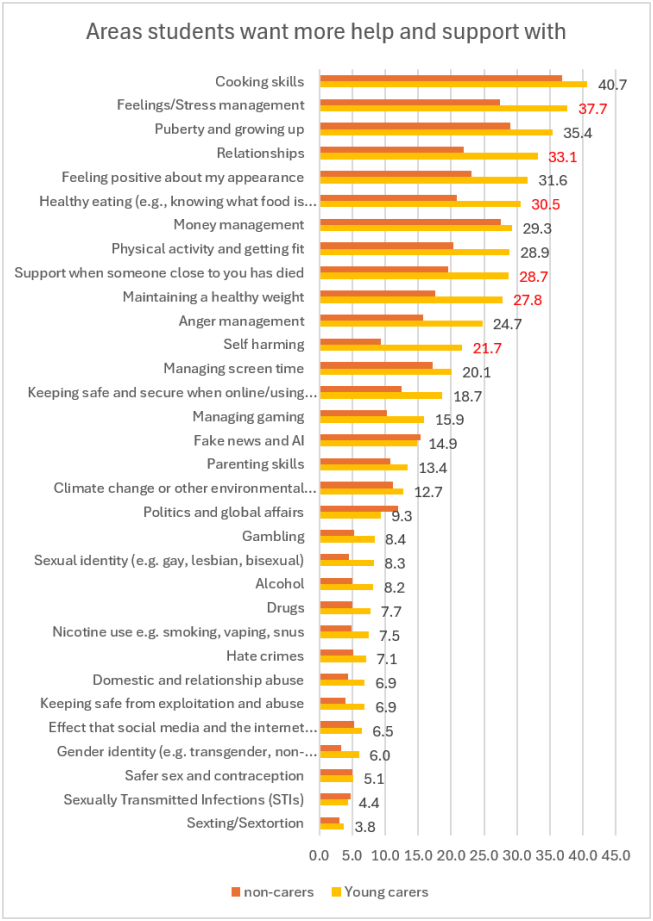
Students in Year 12 and 13 were asked what they planned to do next. Young carers were more likely to report they planned to go into paid (20.0%) or

voluntary work (2.0%) than non-carers. They were also more likely to say they planned to do nothing (2.0%).



Young carers were less likely to say they had the right information in Year 11 to give them the range of choices available for their future than non-carers (76.0% vs. 81.4%).

Areas young carers have expressed they would like more support and knowledge in varied slightly to non-carers. Young carers were significantly more likely to want more help and support with *Feelings/Stress Management, Relationships, Healthy eating, Support when someone close to them had dies, Maintaining healthy weight* and *Self-harming*.



Conclusion

The 2026 Pupil Wellbeing Survey highlights that young carers in Gloucestershire experience a broad and persistent pattern of inequality across many aspects of their lives. Whilst 6.2% of students identified as a young carer, prevalence is not evenly distributed. Young carers were more likely to be female, to attend settings with higher levels of deprivation, to be eligible for Free School Meals, to live in single parent families and to have wider family vulnerabilities, including social worker involvement and exposure to adverse childhood experiences. This suggests that caring responsibilities often sit alongside wider socio-economic and household pressures, compounding the challenges these children and young people face.

The findings also show that the impact of being a young carer is not limited to home life. Young carers were significantly less likely to enjoy school, feel they belonged to their school community, feel supported with learning, or report feeling happy at school. They were also more likely to be absent, to miss school because of tiredness, caring responsibilities, bullying or mental health/anxiety, and to have experienced an isolation, suspension or exclusion. These trends indicate that the

pressures young carers face outside school may affect their attendance, behaviour, learning and relationships within school, and that their needs may not always be fully understood or responded to within education settings.

Inequalities are particularly evident in relation to health and wellbeing. Young carers were less likely to report getting enough sleep or exercise, and more likely to report behaviours such as regular vaping, trying drugs, excessive screentime and eating difficulties. Their mental wellbeing was also notably poorer, with higher levels of low mental wellbeing, bullying, worry, self-harm and feeling that it is tough being them. The fact that poor mental wellbeing appears to emerge earlier for young carers than non-carers is especially important, as it suggests a need for earlier identification and support before difficulties become more entrenched.

Overall, the survey suggests that young carers are not a homogenous group and that some experience multiple, overlapping disadvantages. The increase in younger students identifying as young carers, alongside the high proportion reporting a need for more support, indicates the importance of strengthening early recognition, particularly in primary settings, and ensuring that support is visible, accessible and sensitive to the wider pressures in young carers' lives. Schools, health services and wider partners have an important role in helping to reduce these inequalities by recognising caring responsibilities earlier, understanding their impact on attendance, behaviour, learning and wellbeing, and ensuring young carers are able to access the right support at the right time.