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How to cite:

Boyle, Geraldine and Mozdiak, Elizabeth (2022). Young adult carers—Transitioning to adulthood or to adult caring? *Children & Society* (Early access).

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Version: Version of Record

Link(s) to article on publisher's website:
<http://dx.doi.org/doi:10.1111/chso.12673>

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Young adult carers—Transitioning to adulthood or to adult caring?

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Funding information

The Open University

Abstract

Social care policy in the UK emphasises the importance of supporting young adult carers to make positive transitions to adulthood. This paper reports findings from a qualitative study which explored whether young adult carers' services in England are facilitating transitions. The research found that young adult carers' services were endeavouring to raise young adult carers' aspirations and achieve personalised outcomes, in line with the Care Act 2014. However, formal provision for young adult carers in England, in the main, designates them as adult carers. Yet, young adult carers need to have sufficient opportunities for making decisions about their futures. Strategic funding and development of services are required to enable the Act's vision to be achieved.

KEYWORDS

accelerated adulthood, care act, carers support services, transitions, young adult carers

INTRODUCTION

Young adults' contribution to caring

Becker and Becker (2008) defined young adult carers as those aged between 18 and 24 years who provide care to ill or disabled family members. However, the Carers Action Plan adopted a wider age range—16–24 years (Department of Health and Social Care—DHSC, 2018). There are

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approximately 376 000 young adult carers in the UK who make a significant contribution to informal care (16–25 years; Carers Trust, 2021). The 2011 census showed that 5% of 16–24 year olds in England and Wales were providing unpaid care. Almost a third of these were caring intensively – 16% for 20–49 h and 12% for 50 or more hours weekly (Office for National Statistics, 2020). Young adult carers' duties include assisting with medication, personal care and supervision—care tasks that are generally viewed as the responsibility of adult professionals (Joseph et al., 2020). While it is often assumed that this role is taken on during young adulthood, many have already been caring as children. In this way, they transition from being a 'young carer' to caring in early adulthood (Boyle et al., 2022; Clay et al., 2016). As young people become embedded in the caring role over time, their access to wider opportunities becomes more limited, reducing the scope for different trajectories.

The impact of caring

The caring role can have a negative impact on young people's education and employment as well as their health and well-being (Joseph et al., 2020). Social activities with family or friends may be reduced, contributing to feelings of difference and isolation (Boyle, 2020; Leu et al., 2018). Research into youth caring in the UK found that half of the respondents (14–25 years) had mental health problems (Becker & Sempik, 2019). Secondary analysis of a UK household survey that compared the outcomes of young adult carers with non-carers between 2013 and 2017 showed the former had worse physical and mental health at follow-up, demonstrating the longstanding effects of caring on health (16–25 years; Brimblecombe et al., 2020). Other research found that almost a third of young adult carers who had attended college or university dropped out due to the caring demands (Becker & Sempik, 2019). Similarly, analysis of the UK household survey showed that young adult carers were more likely to have lower educational qualifications. Additionally, a higher proportion of carers were unemployed or economically inactive at follow-up, compared to non-carers, highlighting the negative education and employment outcomes that can result when young people's caring roles become entrenched (Brimblecombe et al., 2020).

Transitions to adulthood

Young adulthood is a life stage when youths ordinarily embark on major life transitions (Becker & Becker, 2008; Boyle, 2020). These socially expected transitions are markers of the rite of passage to becoming independent adults (Day & Evans, 2015). A qualitative study of Australian teenagers' aspirations showed that these included owning their own home, getting married and rearing a family (McDonald et al., 2011). In addition, an ethnographic study in England on youth transitions following schooling found their initial aspirations focused on studying for a degree and planning a career (Alexander et al., 2020). However, there can be tensions between the rhetoric of individualised life paths and the reality of structural constraints and limited opportunities (McDonald et al., 2011). Whereas research into young people's agency has emphasised the importance of individual choice, responsibility and achievement, structuralist approaches have highlighted the socio-economic and cultural conditions that shape life chances (Pearson et al., 2021). Hence, the individualisation thesis obscures class- and gender-based inequalities which can limit young people's choices (Ball et al., 2000; Giddens, 1991; McDonald et al., 2011). In particular, gendered life paths often persist (McDonald et al., 2011). Therefore, transitions are more complex

and non-linear than previously thought (McDonald et al., 2011), and they are particularly difficult for young adult carers to achieve. Notably, being a carer can limit young people's opportunities for exploring alternative futures (Rose & Cohen, 2010). As many young adult carers are already disadvantaged—associated with socio-demographic factors such as gender, ethnicity and poverty—their transitions are non-normative, necessitating support to enable them to progress to adulthood (Barnardo's, 2019; Smith & Douse, 2019).

Assessment and support

The Care Act 2014 (England and Wales) requires local authorities to conduct transition assessments before carers turn 18, to facilitate their preparation for adulthood and raise their aspirations. Indeed, those without this support experience more difficulties as adults (Children's Society, 2020). However, the Care Act guidance stated that the transition process continues from 16 to 24 years, so assessments should be undertaken when it is most appropriate for the young person (DHSC, 2016, updated 2022). Similarly, the Carers Action Plan emphasised the importance of supporting young adult carers to make *positive* transitions between the ages of 16 and 24 years (DHSC, 2018). Transitional support involves identifying young adult carers' individual needs and aspirations—such as higher education and living independently—and providing practical and emotional support as necessary (Children's Society, 2019). The transition assessment should identify the individual's strengths and capabilities and the particular outcomes that matter to them. In addition, how the individual's caring responsibilities are affecting their development and well-being should be determined (DHSC, 2016). Related guidance stated that these carers should have the same access to educational and other opportunities as their non-caring peers (Associations of Directors of Adult Social Services and Children's Services—ADASS and ADCS, 2015).

Official data on whether local authorities are delivering on their duties to young adult carers are variable across England (Children's Society, 2016). However, a survey of 130 local authorities (86% of authorities) showed that many young adult carers had *not* been identified or assessed by local authorities (Children's Commissioner, 2016). In addition, only half of the local authorities had a memorandum of understanding in place between children's and family services to facilitate support to young adult carers from the age of 18. Local authorities often commissioned carers' centres and other third-sector organisations to provide services to young and young adult carers. However, as this funding was primarily for assessments, the provision of support was under-resourced. Additionally, any support provided was concentrated on those under 18 (Children's Commissioner, 2016).

A qualitative study in New South Wales of young adult carers' expectations of transitions to adulthood found there were significant restrictions on their capacity to make decisions about their futures. The authors recommended that the provision of transitional support is important for lessening the cumulative effects of constraints on young adult carers' lives and for reducing their 'bounded sense of possibility' (Hamilton & Adamson, 2013, p. 115). The Children's Society (2020) carried out research into transition assessments and support planning for young adult carers in England. Although most of the local authorities surveyed had commissioned carers services to undertake assessments, only 31% of them were required to undertake transition assessments. In addition, the majority of the young adult carers had not had a transition assessment or were unsure if they had received this assessment (Children's Society, 2020). As none of the local authorities monitored the outcomes of transition assessments, whether any support provided improved the young adult carers' opportunities and outcomes was unknown.

Managing caring responsibilities

Brimblecombe et al. (2020) recommended that reliance on the need for young people to provide unpaid care should be reduced, particularly as the role compounds existing inequalities. Alexander (2020) undertook an ethnographic study of the impact of carers policy on the lives of five young carers and their families in England. The author found the application of the Care Act 2014 was not leading to any significant reduction in children's caring responsibilities, particularly since a long period of austerity had diminished the services available (notably to disabled adults). Otherwise, there was little evidence that young carers in England were receiving services that significantly reduced their caring activities (Cheesbrough et al., 2017; Children's Commissioner, 2016).

This paper reports findings from an in-depth, qualitative study that explored whether young adult carers' services in England are delivering assessment and support that facilitates young people's positive transitions to adulthood. We examined the strategic direction and focus of the services; the types of assessments being undertaken and the perceived impact of any support provided on young people's outcomes. This is the first academic study to investigate if young adult carers services in England are delivering transitional support following the Care Act 2014.

METHODS

Choice of methods

Individual, semi-structured interviews were conducted virtually in 2022 with staff in voluntary organisations using video-conferencing software (MS Teams). This type of interview allows social phenomena to be thoroughly explored and the related experiences and views of key informants to be examined (DeJonckheere & Vaughn, 2019). Digital interviews are helpful for facilitating research participation when participants are geographically dispersed (Thunberg & Arnell, 2021). A brief survey was administered at the end of each interview to determine participants' socio-demographic characteristics, such as gender and ethnicity (self-defined). The lead author recorded participants' answers in anonymised forms. Documentary analysis facilitated comparative analysis of policies applied by the young adult carers services (Abbott et al., 2004). The participants were asked to provide key organisational or partnership strategies relating to the young adult carers' services or transition assessment processes. However, in some cases, these policy documents had not been devised or were not publicly available. In a few instances, the policies were referred to instead during the interviews. Ethical approval for the study was obtained from the University Research Ethics Committee.

Sampling and recruitment

Purposive sampling was used to recruit the organisations and key informants (Miles & Huberman, 1994). A mapping process was initially undertaken to develop a sampling frame of young adult carers services in England. Key services were identified via the Google search engine. Rather than producing an exhaustive list, we aimed to achieve a sufficiently varied and geographical spread of carers' centres or other voluntary organisations, including those in urban and rural locations and with different types of local authority. Organisations were selected that

provided a specific service to young adult carers. Where this information was not evident from the websites, we clarified this directly with the organisations. We also identified organisations located in areas of high deprivation and/or with ethnically diverse populations, using the English Indices of Deprivation 2019 (Ministry of Housing, Communities, & Local Government, 2019). A list of 30 organisations was produced. In order to capture other services not identified via the mapping process, brief study information was emailed to members of a national network of organisations providing services to young or young adult carers, requesting them to contact the lead researcher if they were interested in taking part. Only one service was identified via this mailout.

A study invite was emailed to the Chief Executive or Manager of each organisation identified, requesting their organisation's involvement. However, two organisations were no longer delivering young adult carers' services and a third service was being decommissioned by the local authority. Otherwise, when a senior staff member agreed to an organisation taking part, they forwarded the participant documentation to the lead worker or manager for the young adult carers service. The information sheet explained that we wanted to hear about their assessment and support processes and the key factors which facilitated or hindered the organisation's ability to provide support to young adult carers when transitioning to adulthood. We assured them that their participation was voluntary and their personal details and the names of their organisations would be kept confidential. Each employee who agreed to take part was asked to provide a completed consent form, whereupon an online interview was arranged.

Data collection and analysis

The interviews were digitally recorded (audio only); the length varied from 39 to 71 min. The interviews were transcribed verbatim and anonymised. Participants' names were replaced by pseudonyms.

Thematic data analysis was undertaken (Braun & Clarke, 2006). An inductive, interpretative approach was used to identify the priority services given to supporting transitions to adulthood and if the assessment processes aimed to raise aspirations and facilitated outcomes personalised to the young adult carers. Coding was undertaken iteratively, as fieldwork progressed. Each transcript was read and re-read line-by-line until initial codes were generated. One author took the lead in coding; the codes for each interview were reviewed and developed by another author and then agreed. The codes derived from all the transcripts were compared and aggregated into themes.

Sample

Eleven voluntary organisations agreed to take part, namely carers' centres and charities supporting children and young people. The organisations were geographically dispersed across England, including cities and London boroughs and more rural areas. The sample incorporated organisations located within areas of high deprivation and/or with large ethnically diverse populations. Some young adult carers' services were relatively new; others were well established. Most of the participants were female; 3 out of the 11 were male. The majority of them were White British. The participants had worked in young adult carers' services for up to 18 years and some had related experience in young carers or adult carers' services.

FINDINGS

The four key themes derived from the data were the strategic focus and direction of young adult carers' services; transitioning to adulthood or designated as adults; planning the future or present-focused and raising aspirations and managing care. Sub-themes are shown below.

Strategic focus and direction of services

Limited local authority funding

There was variation across England in whether young adult services received local authority funding. Most services received some local authority funding (8 out of 11), but in certain cases, this was just for a year. Only a few services had been commissioned by the local authorities, suggesting young adult carers provision was not a priority. P10 said their service only received funding after the senior managers reminded the local authority that they had a duty to provide transitions support: '... us going to them and telling them that they had a statutory duty to offer transition support and transition assessments and kind of making sure that they delivered on that statutory duty'. P10's service was the only one that undertook transition assessments, but the lead for this significant development came from the voluntary organisation. Given the limited commissioning and the necessity for voluntary organisations to press the need for their services, the impetus for developing young adult carers' support came from the voluntary sector rather than the local authorities. The low level of commissioning contrasted with previous research by the Children's Society (2020). It is likely that some retraction of services has taken place in the interim, partly prompted by the COVID-19 pandemic.

Lack of policy direction

A partnership strategy for young adult carers was not in place in any area within the study. P8 said there was only an informal agreement locally to support young adult carers: 'There's no formal agreement. There's just a "we all have the same goal so let's collaborate and work together."' A number of participants were waiting for their local authorities to develop strategies. P11 surmised that their local authority did not want to produce a strategy as this would place an onus on them to fund the service: 'I think if they acknowledge it and put a strategy in place they'll have to fund us and I think they're avoiding that'. Thus, the young adult carers' services were waiting for a steer from their local authorities on the direction their services should take. Similarly, previous research into a collaboration between statutory and voluntary organisations in children's services in England highlighted that local authorities' lead role is associated with control of resources and decision-making, which can promote the latter's disempowerment (Jacklin-Jarvis, 2015). Yet, Associations of Directors of Adult Social Services and Children's Services—ADASS and ADCS, 2015 recommended that local authorities develop a protocol for joint working—including with voluntary organisations—to assess young adult carers. Given the absence of partnership strategies for young adult carers' provision, it appeared that this group of carers were not a priority for local authorities.

Six of the 11 organisations provided policy documents such as an organisational or service strategy which outlined the vision for the specific service or organisation and its provision for

carers living in that area. These commonly referred to carers more broadly rather than to young adult carers. Key aims highlighted were improving the well-being of carers and identifying hidden carers. Only the service strategy from P4 and the organisational strategy from P9 referred briefly to transitions, suggesting that facilitating young people's transitions was not a primary concern. None of the services had a specific young adult carers pathway. One service (P10) had a very broad pathway but this was for all their carer services and was internal only. The lack of a pathway limited the scope for targeting assessment and support and for facilitating transitions. Of course, the Care Act 2014 emphasises the need to promote carers' well-being, but there is also a requirement to support transitions to adulthood.

Variations in service breadth and intensity

The number of young adult carers registered with each service varied widely, from 30 to a few hundred. These differences were partly explained by whether the provision was part-time and if there was more than one worker involved. Some services maintained the young people on their registers indefinitely; others placed a time limit on their support, for example a year. The former allowed for long-term planning, although there was less pressure to plan and initiate change. Where a very large number of young people were registered, some services adopted a targeted approach to their provision, with more intensive casework being undertaken with a minority of young adult carers. Other services worked on a more responsive or even an ad hoc basis. A responsive approach allowed for clear oversight of the young people being supported, but also enabled the services to respond flexibly to changing needs. An ad hoc approach was entirely flexible, although the onus was usually on the young people to bring their specific needs to the attention of the service. P4 said: 'So I don't really have a caseload, they'll just kind of, they'll come in, they'll ask for a CV...So I just respond to whatever'. As the Care Act guidance specified that transition assessments should consider long-term goals, time-limited services had little scope for addressing the latter (DHSC, 2016). Given the multiple disadvantages faced by young adult carers, notably young women and those in key ethnic groups (Barnardo's, 2019; Boyle et al., 2022), a strategic approach to assessment and support is required to enable them to progress to adulthood.

Transitioning to adulthood or designated as adults

Transition assessments were rare within the organisations

Only one of the 11 services undertook transition assessments with young adult carers. P10's transition assessment examined the young person's current caring role, but also areas such as well-being, employment and financial circumstances. Their service did not undertake formal reviews of the assessments; instead, data about the carer's situation were recorded on an ongoing basis. Although their transitions assessment was underpinned by the use of a standard tool, the latter did not inform their data-gathering process. Hence, a formal, systematic approach was applied to the transitions assessment, whereas a more informal approach was applied to reviewing and data gathering.

Transition assessments were uncommon within social care

There was little evidence that transition assessments were being carried out across the sector. P11's organisation had been providing a young adult carers' service for several years, but they

did not undertake transition assessments. P1 said transition assessments were expected to be undertaken before young people were referred to their young adult carers' services. Yet, although P5 also said 'we don't do the transition assessments', notably their young carers' services did not undertake these assessments either. Similarly, P7's service received referrals from a young carers' service in a different organisation but the latter did not undertake transition assessments.

Two participants mentioned that their local authorities undertook transition assessments, although, in at least one case, it appeared that this was not a very robust process. P8 said: 'I don't think they are great in this area from the local authority, so I wouldn't imagine even any paperwork's done'. Three participants said there had been discussions between their organisations and the local authorities about implementing a transition assessment process, but this had not progressed. P9 believed that their local authority viewed a distinctive assessment process for young adult carers as unnecessary, preferring to treat them as young carers or adult carers.

Thus, transition assessments were rarely undertaken by the young adult carers services. Similarly, only a minority of young carers services in a previous study were contracted by local authorities to undertake transition assessments (Children's Society, 2020). Again, the voluntary organisations in our research looked to the local authorities to take the lead, but the latter was reluctant to initiate this service development. It appeared that local authorities were not prioritising transition planning, apparently assuming that young adults (over 18) could simply be treated as adult carers. Yet, a lack of transition support reduces young adult carers' preparedness for adulthood, increasing their vulnerability (Children's Society, 2020).

Assessing young adults as adult carers

Consequently, the majority of the services (10 out of 11) undertook adult carers assessments with young adult carers instead or referred them to their adult carers service (if applicable) or the local authority for this assessment. The adult carers assessment was useful for assessing the impact of caring on the young person's well-being. P6 said: 'the bulk of the assessment is really looking at the impact obviously of caring upon the health and wellbeing and the caring responsibilities that they have...' Importantly, this assessment considered the needs of the care recipient. P6 explained: 'some details about the cared-for person, as in what their primary need is. So that would be identified'. As P10 pointed out, this type of assessment also had to be completed if services were being sought from adult social care. Nonetheless, the adult carers assessment was designed for older adults. P7 said: 'Now it is actually made for older people...sometimes it's just not appropriate to use'. As a result, themes such as education that are central to the lives of young people were of less concern.

There were clear variations in whether, and how often, adult carers' assessments were formally reviewed, not necessarily related to the numbers of young adult carers supported. The scheduling of reviews varied from quite frequent to infrequent or alternatively, they were not undertaken. P7 said the adult carers' assessment was reviewed after 6 weeks and repeated as necessary. P6's reviews were undertaken every year or earlier if required. In contrast, P4 said the adult carers' assessment was not formally reviewed. Although there were a large number of young people registered with P4's service, P7's service supported a much bigger number, but still undertook reviews. Indeed, the Care Act guidance specifies that reviews should be conducted at least annually (DHSC, 2016). The Children's Society (2020) emphasised that reviews are needed to monitor goal-achievement and adjust support. There was limited attention paid within the adult carers' assessment process to young people's transitions to adulthood because they were, in effect, already being treated as adults.

Planning the future or present-focused

Immediate concern was the caring situation

A few participants indicated that the key issues the young people faced were more immediate, so that future planning was a lower priority: P1 said: ‘...in reality they’re more kind of immediately critical issues that don’t necessarily correspond with long-term life planning’. Similarly, P2 said the key focus was on making the caring role manageable for the young person: ‘the large focus is on the carer’s physical health, the carer’s mental health... what do you need to either enjoy life more, continue the caring role in a manageable way’. Linked to the caring situation, poverty was a significant constraint on young people’s ability to envision the future. P11 said: ‘...it has a massive influencing factor on their ambition for life, you know, and what they think they can achieve...If their family is living in poverty and they’re surviving on food parcels, they’re not thinking I can go off to university’. Similarly, secondary analysis of household income and resource data sets in the UK identified high levels of poverty among young adult carers, predicted to increase further in subsequent years (Vizard et al., 2018).

Are assessments designed for future planning?

A couple of participants pointed out that the adult carers’ assessment was not designed for future planning. P9 said: ‘goal-setting isn’t really part of the assessment’. Although P11’s service explored long-term aspirations such as education and employment, it was explained that this was part of an ‘unofficial assessment’. P11’s comment suggested that their service recognised the limits of the adult carers’ assessment when working with young people, supplementing this with a more tailored approach to enable them to plan their futures. P10’s service undertook transition assessments, with the young adult carers being encouraged to take responsibility for working towards preferred goals. The Care Act guidance states that transition assessments are essential to enable young people to prepare for their futures and set goals accordingly (DHSC, 2016). There is limited research on the value of formal versus informal approaches to a young adult carers’ assessment. However, guidance for health professionals in Australia emphasised that formal carer assessments provide a more systematic and comprehensive appraisal of needs. Yet, this type of assessment can increase staff workloads and practitioners may be concerned that they will be unable to fully address the needs identified (Reid, 2016).

Thus, key services sought to identify outcomes of importance to the young adult carers, but this was hampered by the reliance on adult carers’ assessments. In addition, long-term planning was not feasible when the service was time limited. P3’s service provided a year of support but very few of their young adult carers progressed to seeking support from the adult carers service, resulting in their disengagement from carers provision. Governmental policy rightly highlighted the need to identify ‘hidden’ carers (DHSC, 2018), but this neglects the young adult carers lost when the services available are not designed to meet their needs. Since the main aim of the adult carers’ assessment is to ensure the caring situation is managed, this reinforced the status of young people as perpetual carers. Therefore, it is likely that other life paths appeared unachievable.

Raising aspirations and managing care

Achieving outcomes

The Care Act guidance stated that transition assessments should focus on the outcomes that young people themselves want to achieve (DHSC, 2016). A range of positive outcomes was identified, from psychological to rights awareness and tangible outcomes, such as improving housing circumstances. P10's service (which undertook transition assessments) identified key outcomes, including improving motivation and well-being and accessing higher education. Three participants pointed to the role of their support in enhancing young people's self-belief. P5 said they helped to raise young people's aspirations: 'they need to recognise that they have aspirations and they need to go and achieve them'. P11's service assisted young people with accessing accommodation when they went to university, essential to enable them to give up the caring role.

Factors influencing the achievement of outcomes

Sometimes it was only possible to achieve modest outcomes. P3 said: 'I think inevitably there's some young people where you make some quite small steps and other ones where you make a bigger difference'. It could be difficult to measure what impact had actually been achieved, particularly as it was emphasised that outcomes should be attributed to the young adult carers themselves. P10 said: 'yes they've gone on to university, but maybe they would have gone on to university anyway'. The scope for achieving outcomes was influenced by whether a strategic approach was applied to assessment and support. There were a large number of young people registered with P4's service and their work was mainly low intensity. It appeared that support was primarily provided on an ad hoc basis: 'there's some that we just do quite light touch work with, so they will ask for a CV, they'll come on trips...then we don't hear from them for a couple of years...here will be some that I do proactively contact, either because of their mental health...So I just go a lot more with the flow of what they come with'. Where services did not undertake reviews or these were infrequent, there was limited scope for monitoring the achievement of goals, similar to findings in previous research (Children's Society, 2020).

Managing the caring role

P6 said their support helped some young adult carers to achieve a balance between caring and pursuing education or other goals. Yet, although the aim of P3's service was to reduce the young person's caring role, this was not possible when social care provision to replace their input was unavailable: '... because if you can't get the adult support services in there then they're still delivering the same level of care'. Under-funding of local authorities in England has necessitated cutbacks to services, including limiting eligibility to ill or disabled people with very high needs (House of Commons, 2018). Even when services are provided these are often insufficient or do not meet the families' needs, increasing the pressure on young people to continue caring, including intensive care (Brimblecombe et al., 2022; Stevens & Brimblecombe, 2021). P3 said fundamental change is required within the social care system to avoid young people being relied

on as carers: 'basically we need to change the system where we're even accepting carers in the first place and young adult carers and actually we need to have a whole change where it's not, you know, the level of inappropriate and excessive care that young people, children are taking in looking after their family'. Although the Care Act 2014 aimed to prevent inappropriate and excessive caring, notably by young people under 18 years, these thresholds were not defined (Gowen et al., 2021).

DISCUSSION

Voluntary organisations are key providers of social care services, but lead responsibility remains with local authorities (Jacklin-Jarvis, 2015). Consequently, young adult carers services in England looked to their local authorities for guidance on the direction their services should take. Nonetheless, they had sought to be agents of change by developing provision to meet identified needs, but also by pressing local authorities to fund their services (Jacklin-Jarvis, 2015). However, as most of the services were dependent on local authorities for at least part of their income, this limited their scope for pressuring the statutory organisations to lead on the direction of change or its implementation. Similarly, previous research into partnership working between young carers' services and Social Services found that these relationships were unequal, with the result that the views of the former were not always heard (Heyman, 2013). It appeared that young adult carers' provision was not a priority for the statutory bodies, even though they have a legal obligation to facilitate transitions. Therefore, there is currently a gap between the legislation in England and its implementation. The Children's Commissioner had recommended that 'more visible leadership' from local authorities is needed in young carers support and the same applies to young adult carers' provision (2016, p. 23). Of course, since local authorities have many competing obligations to meet the needs of vulnerable children and adults, they must be appropriately resourced so they can deliver on their obligations (Children's Society, 2020).

There was limited policy development relating to young adult carers within the voluntary organisations and services. While a clear policy framework from local authorities was preferred, there was potential for voluntary organisations to develop their internal strategies to achieve more of a balance between promoting young adult carers' well-being and facilitating their transitions to adulthood.

Transition assessments were rare among the services in the study and there was little evidence that these assessments were being carried out across the sector. It appeared that local authorities regarded transitions planning as unnecessary, seemingly viewing young adults in caring roles as adult carers. Indeed, young adult carers consulted by the Children's Society (2020) expressed frustration that support services to meet their specific needs ended when they reached adulthood (aged 18). Without transition assessments and support they believed they faced further barriers that limited their aspirations. Similarly, the Carers Action Plan highlighted the value of transitional support for ensuring that young adult carers do not lose out on significant opportunities, such as employment (DHSC, 2018).

The adult carers assessment was the primary assessment undertaken with young adult carers (18 or over), whether by the services themselves or via referral to the statutory body. The key aims of this type of assessment are to promote adult carers' well-being and help them manage the caring role, although it takes into account educational and employment opportunities (National Institute for Health and Care Excellence—NICE, 2020). In contrast, as per the

Care Act 2014, the primary purpose of a transition assessment is to help young people prepare for adulthood. Consequently, participants in our study suggested that the adult carers assessment was not designed for future planning. The 2011 census showed that the majority of adult carers in England and Wales were 50 years or over (Carers Trust, 2013). As the adult carers assessment was therefore designed for mature or older adults whose developmental stages, aspirations and resources are very different from those of young people, it was unsuitable for young adult carers.

Our study found the current caring situation took precedence in assessments. Similarly, a NICE (2020) evidence review of adult carers' assessments conducted by professionals showed that these tended to focus on the needs of the care recipients, contrary to the Care Act's aim to demonstrate a parity of esteem by providing carers with their own assessment. Thus, the use of an adult carers assessment with young adult carers leads to their other concerns and aspirations being deprioritised. In addition, reviews were not extensively undertaken by the services in our research. Similarly, a study into adult carers' support following the Care Act 2014 found reviews were uncommon, as local authority resources were concentrated on assessments for new referrals (Fernandez et al., 2020). As the NICE (2020) evidence review showed some carers did not receive the follow-up support required to achieve desired outcomes, they recommended that regular monitoring is necessary to identify adult carers' changing needs. Likewise, reviews have an important role in responding to young people's shifting circumstances, particularly given their developmental phase. Other research into assessment and support planning for adult carers in England found their education and training intentions were not explored (Brooks et al., 2017). In contrast, participants in our study did identify examples of when young people successfully progressed to higher education. Yet, the preoccupation with caring in the present meant there was limited opportunity for young adult carers to give serious consideration to other futures, reinforcing the shift in their status to adult carers.

Our findings suggest that young adult carers' services are committed to supporting young people's development and promote positive transitions for some young adult carers. The services helped young people to achieve a range of beneficial outcomes, including psychological and practical. As the Care Act 2014 highlighted the importance of raising young people's aspirations and enabling them to achieve outcomes that mattered to them, key services were helpful in these respects. The scope for achieving outcomes was partly influenced by whether a strategic approach was applied to assessment and support. Sometimes it was only possible for the services to achieve modest outcomes. In particular, reducing the young person's caring role was not feasible when formal social care provision to replace their input was unavailable. Similarly, previous research into the impact of service provision on young adult carers found the people they cared for did not receive any services in 43% of the cases, even when the former were providing personal care. Moreover, when services were received, these were insufficient to reduce young people's caring roles or enable them to achieve other outcomes (Brimblecombe et al., 2022). As social care services in England are underfunded by at least 7 billion per year (House of Commons, 2018), this exacerbates the demands on young adult carers.

Although transitional support is aimed at ensuring young adult carers have comparable opportunities to young people who are not in caring roles (Associations of Directors of Adult Social Services and Children's Services—ADASS and ADCS, 2015), the limited development of transitional assessments in England and their substitution with adult carers assessments has resulted in young adult carers being designated as adult carers (at least implicitly). Rather than exploring alternative futures, their future may already be established. Our study suggests that a more committed

approach to transitional support is needed in England to avoid young adult carers' sense of possibility being stifled.

Study limitations

As this was a qualitative study involving 11 services, the sample is not representative of all young adult carers' services in England. The mapping process did not aim to produce a comprehensive list of all young adult carers' services. We suggest that future research might adopt a quantitative methodology incorporating random sampling of all services. The services provided a varied range of support to young adult carers, but there was no scope within this paper to detail this provision. Since this was a cross-sectional study and only aggregate outcomes for the young adult carers were reported by staff, longitudinal, qualitative research is needed into the impact of transitional support which directly captures young adult carers' experiences and their individual outcomes.

CONCLUSIONS

Although emerging adulthood is a life stage when young people are ordinarily free from adult obligations (Arnett, 2014), young adult carers are responsible individuals who often deal with challenging life circumstances (Cassidy & Giles, 2012). Yet, service provision for young adult carers in England, in the main, designates them as adult carers, with the result that they are thrust into full adulthood much sooner than their non-caring counterparts. The Care Act 2014 intended that transitional support would facilitate young adult carers' preparation for adulthood, but the lack of this specific support in England has meant these already disadvantaged young people (Barnardo's, 2019) are rather unequipped when becoming adults. While delayed adulthood has been an emerging societal trend within the general population (Johnson et al., 2011), in contrast, adulthood is being accelerated for young people in caring roles.

Carers are the main providers of social care (Marczak et al., 2021). Indeed, the parliamentary debate leading up to the introduction of the Care Act 2014 did not question whether families should be relied on to provide care (Manthorpe et al., 2019). Similarly, there is a societal expectation that young adult carers will take on the adult caring role, even before they become mature adults. In this way, caring (notably gendered caring) is socially reproduced (Boyle et al., 2022). Yet, the Act requires that transitional support should explore whether young adult carers want to continue caring in adulthood. The implementation of the legislation needs to strengthen the status of young adult carers and ensure they have sufficient opportunity to make decisions about their futures, including whether they want to become adult carers.

The Care Act 2014 enhanced the rights of carers, but the duty to support young adult carers is much more dilute than the duty to assess (HM Government, 2014). A lack of statutory funding has led to the under-development or even loss of young adult carers services, particularly bespoke processes aimed at facilitating transitions. Yet, local authorities are struggling to meet the increasing policy and population demands on their over-stretched resources. Cutbacks in funding to local authorities in England have resulted in their increasing reliance on carers (Tarrant, 2018). An estimated 25% increase in social care funding is needed between

2022 and 2025 to improve access to care (Health Foundation, 2021). The Health and Care Act 2022 has given the Care Quality Commission the power to assess local authorities' performance in implementing the Care Act 2014 (HM Government, 2022). However, local authorities require adequate government funding to enable them to financially invest in, and shape, young adult carers services in England.

There was evidence that young adult carers' services were endeavouring to raise young adult carers' aspirations and achieve outcomes that mattered to them, in line with the Care Act 2014. However, the ability of these services to achieve positive transitions for young adult carers was constrained, particularly as social care services to enable young people's caring responsibilities to be reduced were rarely available. Strategic funding and development of young adult carers' services are required to enable the Act's vision for young adult carers to be achieved.

ACKNOWLEDGEMENTS

We are grateful to the voluntary organisations and staff who took part in the study and for their valuable insights.

FUNDING INFORMATION

The study was funded by the Open University.

CONFLICT OF INTEREST

There is no financial or commercial conflict of interest.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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How to cite this article: Boyle, G., & Mozdiak, E. (2022). Young adult carers—Transitioning to adulthood or to adult caring? *Children & Society*, 00, 1–17. <https://doi.org/10.1111/chso.12673>