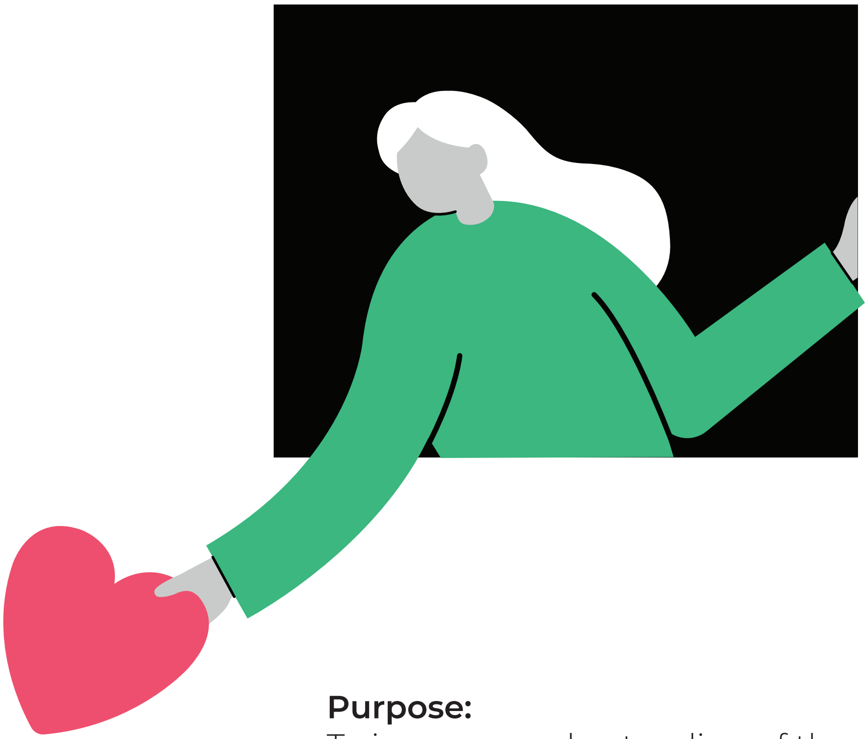
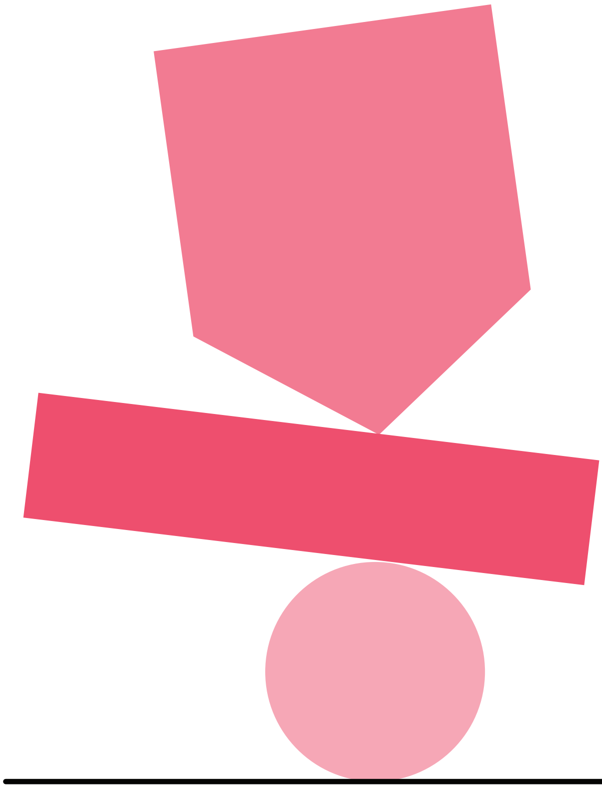
BALANCING ACTS

The reality for young carers with SEND





Purpose:
To improve understanding of the intersection and causality between young carers and young people with additional needs.

Provide practical strategies that people can follow to support the SEN young carers in their provision; mainstream and specialist settings.

Audience:
School staff (specialist and mainstream), Department for Education, Ofsted, Health and Social Care providers, people working in the SEND sector.

Date: 16th June 2025
Lead Author: Lia Bray
Contributors: Shakira Bryan, Krista Cartlidge, Jo Cooper, Lauren Fry and Dan Johnson

MYTIME
YOUNG CARERS

This report is designed with the intention of being as accessible and reader friendly as possible. With this is mind we have utilised the following tools to aid in navigation and userbility:

- The report as a whole is broken down into 3 sections with coloured page edges as shown in the contents page
- All data is colour coded using the key on the right
- All references can be found at the end of the report to minimise visual interference within the report itself

DATA NAVIGATION

Young carer focus

Primary

Secondary

Diagnoses focus

(All names of children in this report have been changed to protect their identity).

Charity Number: 1211980

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WHO ARE YOUNG CARERS

A young carer is legally defined in section 96 of the Children and Families Act 2014 as:

A person under the age of 18 who provides or intends to provide care for another person

Therefore, young carers are children who provide care for someone or multiple people with unmet care needs, relating to ill health and / or disability. Young carers may be caring for one or multiple people in their family including those that may not live in the same household.

WHO ARE MYTIME YOUNG CARERS

MYTIME Young Carers is a national charity based in Dorset. Through our holistic programmes of support, MYTIME is dedicated to reducing the negative impacts of caring responsibilities and improving long-term adult outcomes for young carers.

The MYTIME Level Up Programme focuses upon improving the educational outcomes for all young carers. Through this programme, MYTIME provides schools with training, tools, resources, strategies and the help that they need to create supportive and inclusive environments for children who are young carers; improving their educational outcomes.

By providing the support they need and creating the conditions in which they can thrive and achieve their full potential, this is helping to address the issues young carers face in education.

AUTHORS INSIGHTS

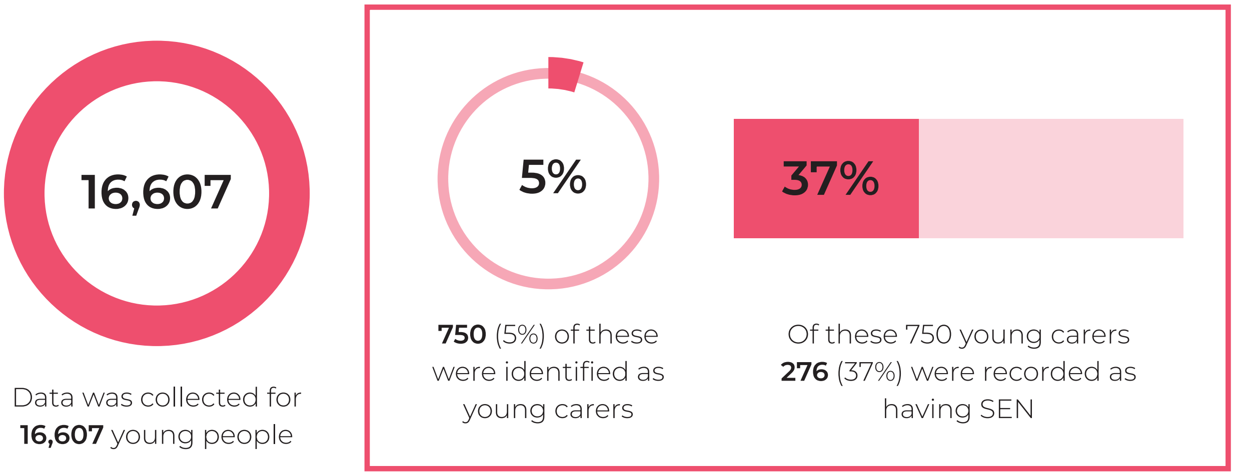
“Having previously held the role of Young Carer Champion in a mainstream educational setting; I thought I had a strong understanding of what defines a young carer and how their responsibilities typically present. However, a significant learning moment occurred for me while teaching a pupil when I was working in a Special Educational Needs (SEN) school. NHS England’s SEND definition states, “A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support, we shorten this to SEND.”(1)

Remy, who has a diagnosis of Autism, is verbal but has limited social understanding, which meant he was unable to give detailed information about his home life. I was aware that he lived with his Mum, Dad, and younger sister. Based on my previous experience, I initially assumed that due to Remy being in a specialist setting, his younger sister might be classed as a young carer for him. During one term’s parents’ evening, Remy's mum had booked an appointment but did not attend. While this was unusual, I initially thought little of it but decided to follow up with a courtesy call to check in. During the call, Remy’s mum explained that she was in hospital with his younger sister, who had been injured at school under unclear circumstances. She revealed that his sister was non-verbal and attended another local special needs school, making it difficult for staff to determine what had happened. Ordinarily, she would rely on Remy to help communicate and understand the situation, as he often acted as a bridge in communication between family members. However, because Remy was at school, he was unavailable, leaving a gap in the family's ability to respond effectively. This experience was a turning point in my understanding. It challenged my assumptions and highlighted the complexities involved in identifying young carers in a specialist setting. It became clear that traditional indicators and methods of identification might not apply in the same way when pupils themselves have additional needs. It also emphasised the importance of looking beyond our usual expectations and developing a more streamlined and inclusive approach to recognising young carers within SEN environments.”

Lia Bray, Special Needs Teacher

SCOPE OF THE REPORT

This report is an introduction to and an overview of young carers who also have Special Educational Needs, young carers and the link between these two groups of children. It outlines the findings from data collected across 25 schools within the Dorset. The schools involved in the study provided data; this included 15 primary schools and 10 secondary schools ranging in age from 4 to 16 years.



Data was collected for **16,607** young people

750 (5%) of these were identified as young carers

Of these 750 young carers **276** (37%) were recorded as having SEN

Figure 1: *MYTIME data provided by 25 schools based in Dorset (2025)*

In total, data was provided for 16,607 young people, 750 (5%) of these children were identified as young carers. Of these young carers, 276 (37%) were recorded as having Special Educational Needs (SEN). All identified young carers are supported through their school's young carer provision. The majority are registered with MYTIME Young Carers and a proportion have undergone a formal needs assessment and are therefore registered with their local authority.

The data collected provides insights into the profile and support needs of young carers with additional needs. Specifically, the following information was included:

- **The number of primary aged pupils with additional needs**
- **The number of secondary aged pupils with additional needs**
- **The number of secondary aged pupils with more than one identified need**
- **Detailed information regarding specific types of needs**
- **The top three most common individual additional needs among young carers in Dorset**

This report aims to highlight the link between caring responsibilities and additional educational needs, helping to inform targeted support strategies and improve identification and provision for young carers with SEND in local education settings.

> *" I've been going through an Autism diagnosis, and it's hard for me to separate what's Autism, and what are traits and things that happened because of being a young carer."*
>
> *Young carer*

REPORT LANGUAGE & TERMINOLOGY

MYTIME Young Carers supports both young carers who are registered with the Local Authority (LA) and those who meet our definition of a young carer, as outlined at the beginning of this report. Young carers who have undergone a needs assessment and are registered with the LA receive support from both the LA and MYTIME. The data used in this report comes from schools participating in the Level Up Programme. These schools have received training to ensure that both registered and unregistered young carers are accurately recorded in their Management Information Systems (MIS), contributing to National Census data.

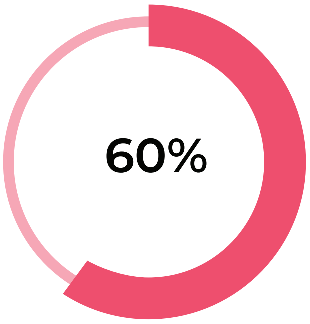
ACEs	Adverse Childhood Experiences
ASD	Autism Spectrum Disorder
EHCP	Educational Health Care Plan
FSM	Free School Meals
MLD	Moderate Learning Difficulty
OT	Occupational Therapy
PIP	Personal Independence Payment
PP	Pupil Premium
PRU	Pupil Referral Unit
SALT	Speech and Language Therapy
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SENCo	Special Educational Needs Coordinator
SEND	Special Educational Needs Disability
SLD	Severe Learning Difficulty

INTRODUCTION

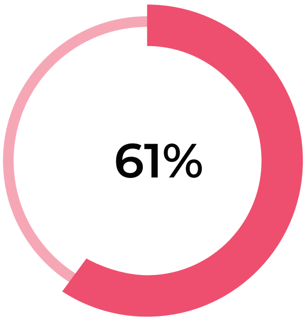
REPORT SUMMARY

This report explores the intersection between young carers and children with Special Educational Needs and Disabilities (SEND), focusing on a dataset from 25 schools across Dorset, covering 16,607 pupils aged 4–16.
Of these, 750 were identified as young carers and 37% of them had SEND, significantly higher than the national SEND average of 29% (DfE, 2024)[(2)].

The study highlights the under-identification of both young carers and children with additional needs, with many falling through the cracks due to masking behaviours, particularly among girls. As the first of its kind, this report addresses a significant gap in existing data. Currently, there is limited national information available focussing specifically on young carers with additional needs. By bringing visibility to this group, the report aims to support more targeted identification and raise awareness to ensure these children receive the recognition and support they are entitled to both educationally and emotionally.



60% of young carers are eligible for Free School Meals



61% of young carers are on the Pupil Premium register

Figure 2*: MYTIME Young Carers, Overlooked and Overburdened: Addressing the Educational Challenges Faced by Young Carers.*

Key findings reveal that the most common diagnoses among young carers are Social, Emotional and Mental Health (SEMH) needs (21%), Speech and Language Delay (17%), and Autism (15%).
Additionally, 22% of secondary-aged young carers with SEND had more than one identified need. The data also shows that young carers are more likely to face socioeconomic disadvantage - 60% are eligible for free school meals and 61% are on the pupil premium register [(3)]. Case studies and professional insights underscore the complexity of these children's experiences, with many balancing caregiving with their own unmet needs. Barriers to support include stigma, poor early identification and systemic challenges in recognising overlapping needs, particularly for those affected by trauma.

The report calls for improved identification practices, in both SEND and young carers, trauma-informed approaches, early intervention and greater investment in speech and language therapy, occupational therapy, and mental health services. By addressing the educational and emotional needs of young carers with SEND, schools and services can offer more inclusive support. The report stresses the importance of recognising the dual burden these children face and advocates for targeted provision to be in place to ensure they are no longer overlooked, rather they get the support they deserve.

Both Primary and Secondary data that was collected demonstrates notably higher prevalence of young carers with SEND needs than the national average of 29% for all students with SEND, as reported in the Department for Education (2024) School Census (2).

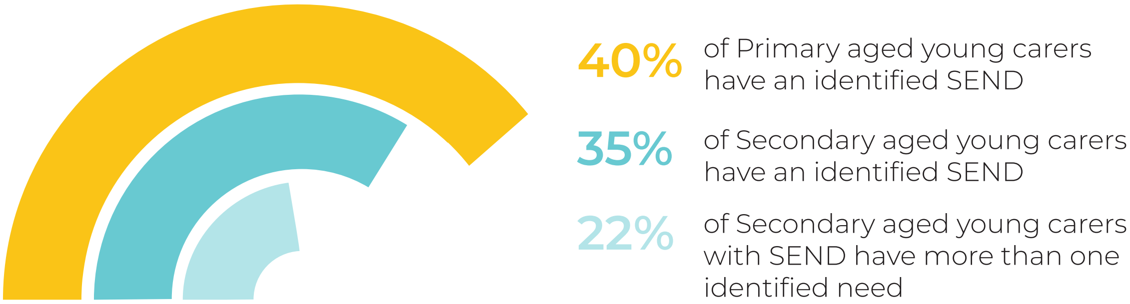


Figure 3: *MYTIME data provided by 25 schools based in Dorset (2025)*

> *" I had no idea that I was a young carer until the last couple of years. This isn't a term that I had ever heard of and it was never discussed at school. I struggled so much at school and have since had a diagnosis of both ADHD and Autism. Again, this wasn't something that was recognised when I was at school as I used to mask so much. I used to get a lot of pity from teachers, but no one fully bothered to understand and support what I was going through, so I was labelled as 'disruptive'. If I had been identified as a young carer and as having additional needs when I was a child, I guarantee it would have changed my whole trajectory in life. Due to my caring needs, I was put into care aged 10. There was no support for me as a young carer and I think if there was more understanding around this then it might have changed the decision to remove me from my home. There was also no understanding of my needs, so no one knew that I was Autistic or that I had ADHD."*
>
> *Kai, young adult carer, aged 25*

REPORT FINDINGS

DATA COMPARISON: MYTIME VS NATIONAL DATA

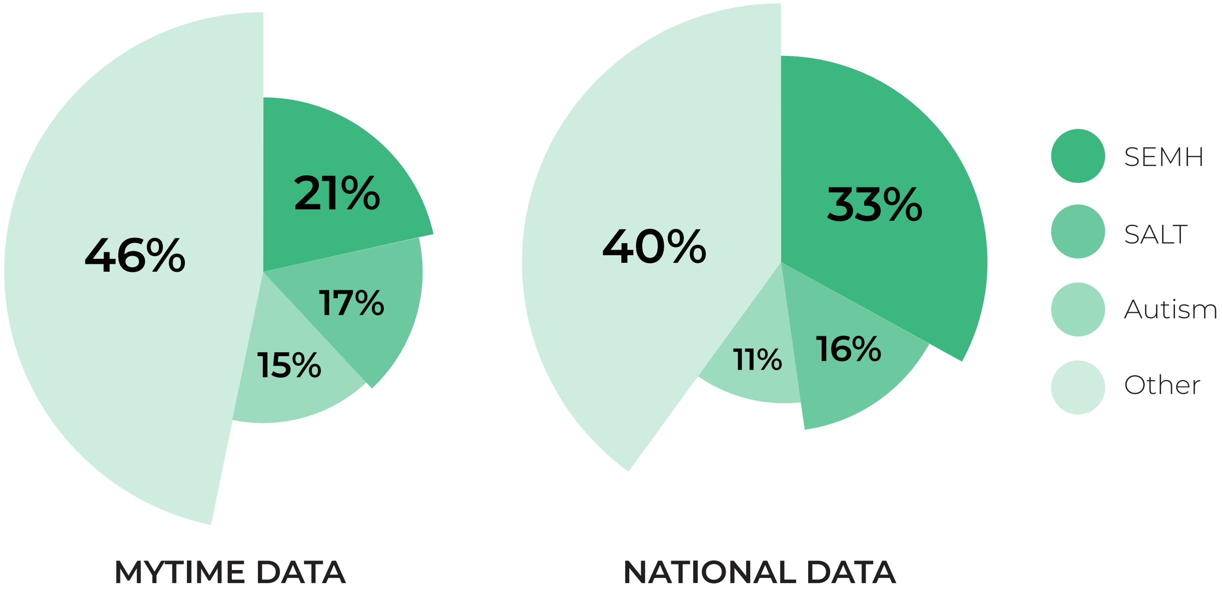


Figure 4: *MYTIME data provided by 25 schools based in Dorset (2025) compared with National data provided by Department for Education (2024)*

> *"Alex and I both have a diagnosis of Autism, her brother has an ADHD diagnosis and is going to be assessed for Autism as well. It is hard for Alex, as her brother's needs are greater than hers, he attends a specialist school whereas she is in mainstream. I think as she is a girl, she is a lot better at masking what she needs. It is especially hard when we have planned to do something, for example go to the park as if her brother has a meltdown and we have to leave, she misses out and that ruins her timetable for the day. When I talk about this with her, she just says that she is used to it but she does feel like she misses out on a lot due to her brother's needs. This is especially hard for her when she has prepared in her head for an event to happen, then we end up not going due to various reasons, this is hard for her to process.*
>
> *Alex spends some weekends at my Mum's house so that she can have time out, it's important that she has time where she is fully calm and can process what is going on around her. Alex loves the Stars (Young Carers) group that runs at her school, which was set up by MYTIME. This helps her to see that other children are in the same situation as her."*
>
> *Parent of Alex, a 7 year old young carer*

PREVELANCE OF SEND AMONGST YOUNG CARERS

- **40% of primary aged young carers were identified as having SEND**
- **35% of secondary aged young carers had identified SEND needs**
- **22% of the secondary aged young carers with SEND had more than one need**

These figures are significantly higher than the national average of 29% of all pupils identified with SEND, as reported in the Department for Education's 2024 School Census (2). It is estimated that approximately one in five children in the UK has some level of caring responsibility, equating to nearly one million young carers nationally. However, current data from the 2024 School Census identifies only 53,975 young carers (2). This highlights a substantial gap between the number of young carers who are formally identified and those who are likely providing care but remain unrecognised within the education system. When considering the additional barriers to identifying caring responsibilities among pupils with SEND, this discrepancy becomes even more apparent.

Previous research has shown a strong correlation between SEND, young caring responsibilities and socioeconomic disadvantage. A report published by the Department for Education (2017) revealed that pupils with SEND in England are twice as likely to be in receipt of free school meals (FSM) compared to their peers without SEND (4).

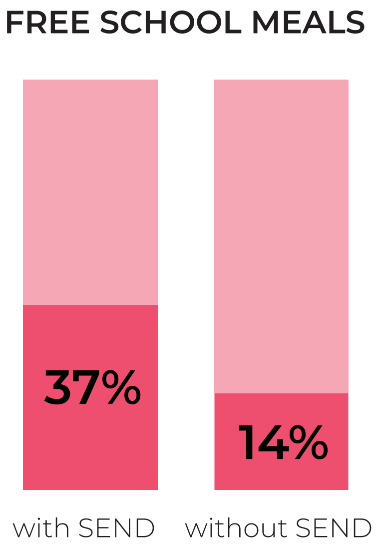


Figure 5: National SEND data provided by Department for Education (2024)

This significant disparity illustrates the link between disability and economic hardship, suggesting that families of children with SEND often face additional financial pressures. Reasons for this include:

- Reduced employment opportunities due to having to care for someone
- The added cost of having to care for someone with additional needs.

REPORT FINDINGS

Research from SCOPE, a charity that supports people with disabilities, found that on average disabled households need an additional £1,010 a month to have the same standard of living as non-disabled households. They also found that the extra cost of having a disability is the equivalent to 67% of the household income after housing costs (5).

Data collected by MYTIME indicates that 60% of young carers receive FSM and 61% are on their school's pupil premium register (3). These figures underscore a substantial overlap between caregiving responsibilities and economic disadvantage. Pupil Premium, which is extra money for schools to help disadvantaged pupils of all abilities achieve their full potential, is allocated to support children from low-income families and aims to close attainment gaps, meaning a significant proportion of young carers fall into a high-priority group for educational support.

For further information around this, can be found in the following MYTIME reports:

- **Unseen Sacrifices: Understanding the Educational Disadvantages faced by Young Carers (6)**
- **Overlooked and Overburdened: Addressing the Educational Challenges Faced by Young Carers (3)**

> *“ It's encouraging to see that MYTIME have carried out research highlighting the overlap between young carers and Special Educational Needs (SEN). Understanding that many young carers may also have SEN allows us to tailor our support better and provide the necessary resources to address their unique challenges. This knowledge will empower us to create a more inclusive environment for all children. I look forward to collaborating with MYTIME further in this area to achieve the best possible outcomes for all young carers.”*
>
> *Kimberley Tucker, SENCo – Kings Park Academy*

MOST COMMON DIAGNOSES AMONGST YOUNG CARERS

21% SEMH

17% SALT

15% Autism

46% Other

> *‘As a general principle [this data] does not surprise us as we know there are genetic and environmental links which parents and children will share and means the incidence of additional needs tends to be higher / inter -generational to an extent – i.e. it’s not an exact science where one will automatically lead to the other. Also, factors such as a young carer may be absent from school more often which will impact on their educational outcomes and an assumption that additional needs are present when it is actually the reduced amount of time in school impacting on them ‘achieving’ less well.’*
>
> *Karen Chester (Head of SEND Strategy) and Chris Lee (Head of SEND Assessment and Review) – Bournemouth, Christchurch and Poole Council.*

Of the data that MYTIME collected, a comparison was made between the Primary School and Secondary School numbers to identify patterns and the most prevalent diagnosis.

MYTIME PRIMARY VS SECONDARY DATA

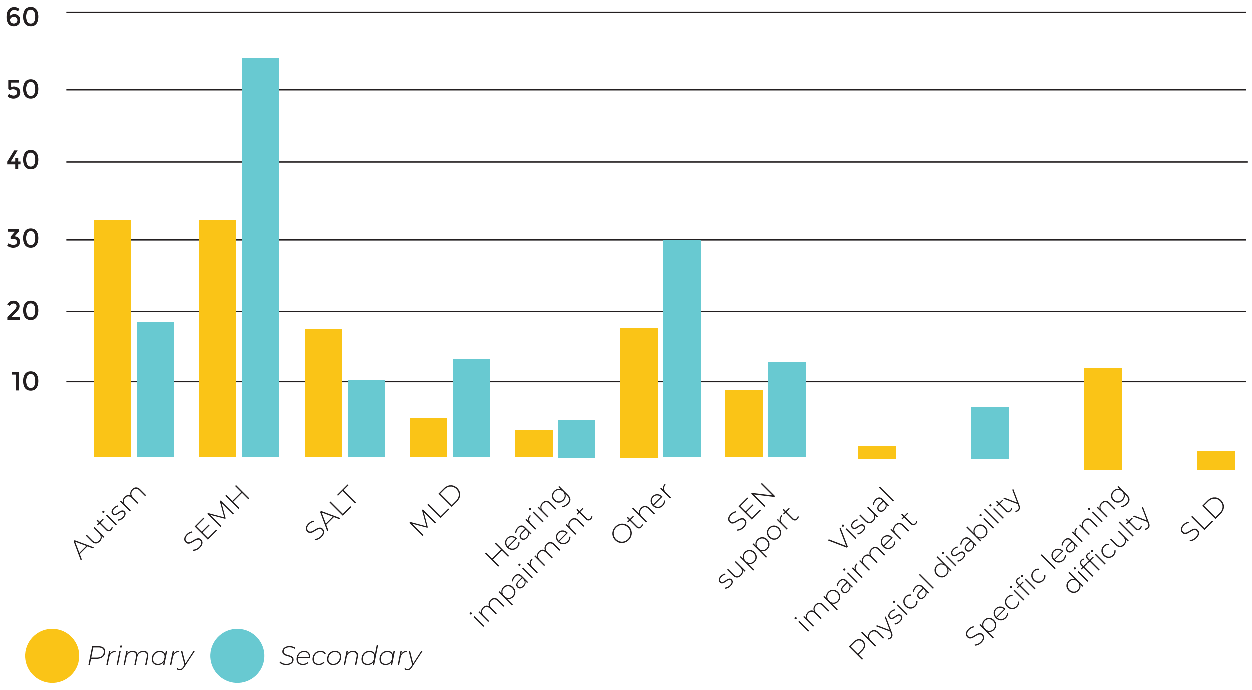


Figure 6: *MYTIME data provided by 25 schools based in Dorset (2025)*

AUTISM

Of the data MYTIME collected (2025), there were nearly twice as many primary aged pupils identified with Autism compared to those in secondary school.

The National Autism Society states that, “Autism influences how people experience and interact with the world. It is a lifelong neurodivergence and disability. Autistic people are different from each other, but for a diagnosis they must share differences from non-autistic people in how they think, feel and communicate” (7).

Initial hypotheses suggest that there are several potential causes for this disparity.

- Increased awareness
- Improved early identification processes
- Enhanced training for school staff in recent years has led to more frequent diagnoses during the early years of education

This means more children are being identified in primary school, whereas older pupils may not have received the same level of early assessment. Additionally, diagnostic pathways have become more accessible and prioritised in the early years due to the emphasis on early intervention, which can result in better outcomes for autistic children.

Undiagnosed or misdiagnosis

Particularly those with milder traits or masking behaviours, may have gone undiagnosed or been misdiagnosed in earlier years. As children grow, especially in secondary settings where independence and social expectations increase, autistic traits can sometimes become more apparent, but not always understood, without a robust support system in place.

This disparity is particularly apparent among female young carers, as they are more likely to mask symptoms of Autism and therefore go undiagnosed for a significantly longer period. The National Autism Society refers to masking as a “strategy used by some autistic people, consciously or unconsciously, to appear non-autistic in order to blend in and be more accepted in society. This is something that research has shown is more commonly practised by girls. As a result, many autistic girls do not meet the traditional, male-focused criteria often used in diagnostic assessments, and their needs may be overlooked in both educational and clinical settings" (8). This issue is even more complex when the child is also a young carer. Balancing their own hidden needs with the responsibilities of caring for a family member can result in their struggles being further concealed or misattributed to stress or emotional overwhelm, rather than recognised as potential indicators of Autism or another neurodevelopmental condition. Alongside this, it is important to consider all the children that have masked their needs and so do not currently have a diagnosis.

All of these considerations result in a need to question whether the children who are masking their SEN need could also be masking their caring need?

The MYTIME Young Carers (2024), Over-Looked and Over-Burdened report highlighted that 58% of young carers represented in their data are female, compared to 42% male (3). This suggests that a significant number of girls are not only carrying out caring responsibilities but may also be living with unidentified or unsupported additional needs. This combination can have a profound impact on their education and wellbeing, meaning that early identification of Autism and having a caring role is vital. However, it is also important to recognise how gendered stereotypes around caregiving may contribute to the under-identification of male young carers. As highlighted in Alex Blower's Boys Who Care report, societal assumptions that girls are natural carers while boys are not can lead to the needs of male young carers being overlooked, resulting in a lack of support and visibility within both educational and social care systems (9).

SOCIAL, EMOTIONAL AND MENTAL HEALTH (SEMH)

Social, Emotional and Mental Health (SEMH) presented as the most common additional need among young carers in both Primary and Secondary schools. This finding aligns with existing research which highlights the significant impact that caring responsibilities can have on a young person's mental health and emotional wellbeing. The Carers Trust (2013), "Young Adult Carers at School: Experiences and Perceptions of Caring and Education," report found that 38% of young carers reported living with a mental health condition, illustrating the emotional toll that caregiving can take from an early age (10).

More recently, the Holt et al. (2022) COSMO (COVID Social Mobility and Opportunities) Study - Wave 1 Initial Findings: Mental Health and Wellbeing revealed that one in three young carers felt they "don't have much of a chance in life," (11) highlighting feelings of reduced life chances and ongoing emotional pressure.

Evidence proves that the demands of a caring role can significantly affect a young person's ability to engage in school life, manage stress, build peer relationships and maintain a sense of self-worth. For those with SEMH needs, these challenges are often heightened, particularly when mental health concerns are not promptly identified or adequately supported. Depending on the level of need, children with a diagnosis of SEMH might not be able to access mainstream education and might be moved to a Pupil Referral Unit (PRU). More information on PRU's and the impact of being a young carer within these settings has been highlighted in the upcoming report: Punished for Caring: Suspensions, Exclusions and the Young Carer Crisis.

SPEECH AND LANGUAGE DIFFICULTY/DELAY (Accessing Therapy - SALT)

As a result of this study, it has become clear that there is a link between young carers and speech and language delay. The Good Schools Guide defines Speech and Language Difficulty/Delay as “when a child is noticeably behind their peers in acquiring speech and/or language skills, communication is considered delayed.” (12) Children and young people who take on caring responsibilities at home may experience reduced opportunities for typical social interaction, peer communication and structured language development activities, particularly in early childhood. This can be due to factors such as social isolation, irregular school attendance, increased emotional stress or the need to communicate primarily with adults or individuals with communication difficulties (such as a parent or sibling with a disability).

For some young carers, especially those who begin caring roles at a young age, the home environment may prioritise practical and emotional support over play, conversation or literacy activities that typically foster language development. Additionally, in households where the cared for person has limited communication ability, the young carer may adapt by using gestures or simplified language, which over time could further impact their own expressive and receptive language development. Depending on how much it has been demonstrated to them at an early stage can have an effect on them as they get older. These challenges can result in delayed or reduced language understanding and may contribute to long-term educational and social difficulties if not identified and supported early. It is therefore crucial for schools and professionals to be aware of this potential factor when working with young carers and to ensure speech, language and communication needs are considered as part of any support or assessment process. Early identification of young carers can support this.

Further research into the importance of early identification is being undertaken by MYTIME Young Carers and will be released later this year.

Speech and Language Therapist Sarah Lord shared the following insight for this report.
"I think that good speech and language development requires good modelling and chances to interact from a young age. Perhaps young carers have less opportunity to engage with parents in social interactions, there could be less modelling of interactions and maybe they have less chances to go out and meet with peers at the park or go to parties etc. Being read to correlates with vocabulary development so perhaps young carers are not read to as much as their peers as well. I wonder if any mental health impact of being a young carer then contributes towards less speech and language development. Also, if the young carers need to go to SaLT appointments, perhaps they have less opportunity to get referred and are not taken to appointments if a parent is unable to ask for the appointment and to organise getting them there. Do they miss more school as well? That would contribute to speech and language delays. On another note, it is possible that some of the parents of young careers also have speech and language needs".

When asked about unidentified needs, Sarah stated:
"This is a big issue. I think education is needed for the people that the parents will come across such as school and nursery staff, GPs, health visitors, medical professionals and those they see for their appointments. I think that some education is needed for the parents as well, but it is a hard situation. The earlier we can get them supported the better, shorter and more effective the intervention is going to be."

ALL OTHER DIAGNOSES

All other diagnoses had a much lower identification rate amongst the cohort from the data set collected. With regards to multi-sensory and profound and multiple needs, it was anticipated that there would be no young carers identified with this level of complex need. It is likely that this is because they won't have been identified or classed as a young carer if their needs were of a certain level, due to the complexity of their own needs. Contrary to this, MYTIME Young Carers do work with a few young people who have complex additional needs and are considered a young carer. MYTIME is committed to providing support for all young carers and is developing a young carer provision which is accessible to all.

Despite the Secondary aged pupils having a lower number of overall recognised young carers (35%) with additional needs, it did highlight that 22% of Secondary aged young carers had more than one additional need. Meaning that despite having a lower number of identified young carers with SEN, they have identified multiple needs in 22% of these children.

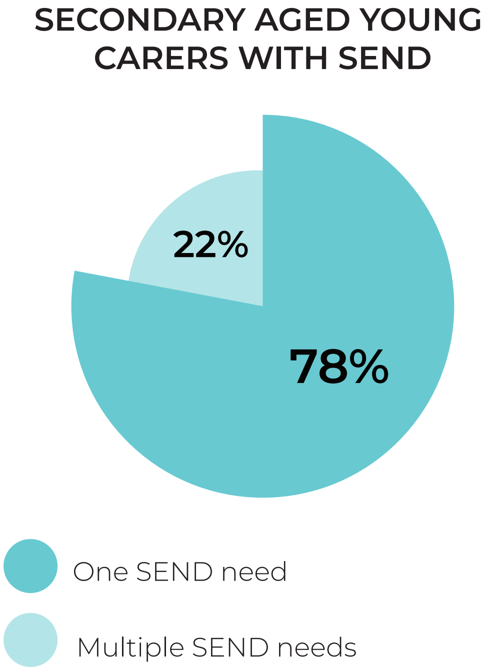


Figure 7: *MYTIME data provided by 25 schools based in Dorset (2025)*

Currently, there is no national data on children with multiple SEND needs, as they are typically recorded under their primary condition, even if they have multiple diagnoses. This gap in the data creates a gap in understanding, hindering the ability to provide the right support for children with complex needs. Having said this, research shows us that many needs have commonalities between them. 70% of girls with Autism will go on to have a diagnosis of ADHD according to Hours et al., 2022 (13). Another example of this is the well-researched link between children that have literacy, language and behavioural needs and it is common for children that have a behavioural need to be masking an underlying communication need.

On the Devon County Council's SEMH Needs Overview they state: "SEMH needs are often more likely to be identified as behaviour and can mask underlying communication needs. It is always beneficial to think 'Could it be a language or literacy need?'"(14).

There is growing recognition of the complex relationship between early life trauma and the development or presentation of Special Educational Needs and Disabilities (SEND). Research by Perry and Szalavitz (2017) demonstrated how continued exposure to stress hormones can impair development. This included impacts on the development of executive functioning (planning, organising, problem-solving), attention regulation, emotional regulation and social cognition and understanding (15). According to a study completed by Crossroads Young Carers in 2022, it was found that 42% of young carers either 'always' or 'usually' feel stressed (16). We know that this is going to impact negatively on young carers, particularly as young carers face many complex life challenges such as: parental hospitalisation, separation from siblings, parental mental health issues and witnessing substance misuse. The Disability Rights UK data shows that 7857 16 - 24 year olds receive PIP, with the leading reason for this being psychiatric disorders. GOV.UK define PIP (Personal Independence Payments) as 'a benefit for people with long-term health conditions or disabilities who need extra help with daily living or mobility' (17).

These areas are commonly affected in neurodevelopmental conditions such as ADHD, Autism Spectrum Disorder (ASD), and speech, language and communication needs. For instance, children who have experienced trauma may demonstrate hypervigilance, impulsivity and difficulties with transitions - all these symptoms could be seen in children with ADHD. This overlap can complicate both diagnosis and intervention. Alongside this, trauma-related developmental delays can affect language understanding and sensory processing, further mimicking or compounding existing SEND profiles. In some cases, prolonged traumatic exposure in early childhood may contribute directly to the emergence of neurodevelopmental difficulties, this is particularly apparent for young carers who have been caring from a young age.

The behavioural manifestations of trauma often resemble those associated with Social, Emotional, and Mental Health (SEMH) needs. According to Hughes et al. (2016), children exposed to multiple Adverse Childhood Experiences (ACEs) are significantly more likely to show symptoms of challenging behaviour, aggression or withdrawal, poor concentration, low engagement and difficult forming relationships with both peers and adults (18). Without having a solid understanding of trauma informed care, these behaviours may be misinterpreted as signs of a primary SEND, leading to inappropriate labels, ineffective interventions or even exclusion from mainstream education. It is essential that professionals consider the trauma histories of young carers during assessments and recognise that certain behavioural presentations may be adaptive responses to unsafe environments, rather than symptoms of an underlying cognitive or developmental disorder.

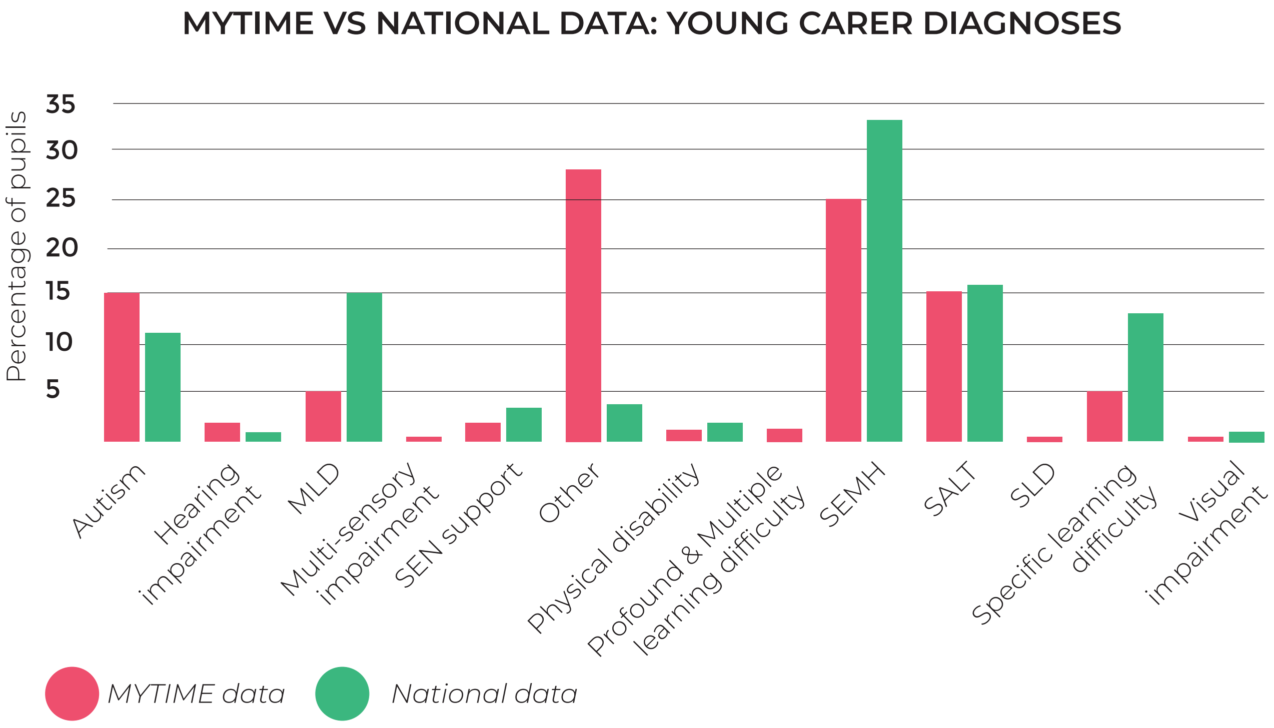


Figure 8: *MYTIME data provided by 25 schools based in Dorset (2025) compared with Department for Education data (2024)*

Data provided to MYTIME Young Carers from the Department for Education shows some disparities, particularly with the ‘Other Difficulty/Disability’. Many of the young carers under this category in the MYTIME data set were shown as having Occupational Therapy (OT) support. Occupational Therapy (OT) focuses on enabling individuals to participate in the daily activities that are necessary to their everyday lives. For young carers, whose daily lives often involve both age-typical responsibilities (e.g. school, play, socialisation) and adult-like caregiving tasks (e.g. cooking, managing medication, emotional support), OT can play a critical role in supporting their health and resilience. Many OT's support children to develop their fine-motor skills.

The Department for Education define fine motor skills as "Fine motor skills involve small muscles working with the brain and nervous system to control movements in areas such as the hands, fingers, lips, tongue and eyes" (19). These muscles are developed during early childhood through play with objects and adults, tummy time and exploration. Developing fine motor control and precision supports hand-eye coordination, which is closely linked to early literacy skills. Providing children with frequent and varied opportunities to engage in small world play, puzzles, arts and crafts, and activities involving small tools, alongside support from adults, helps them build proficiency, control, and confidence in their motor skills.

For young carers, early opportunities to develop these foundational skills may be limited, particularly in households where a parent has a disability and is unable to actively engage in physical play or interaction.
As these children grow older, underdeveloped fine motor skills may present as difficulties with handwriting, coordination, or early literacy, which can impact their learning and confidence in the classroom. This, in-turn, may present as a SEND need.

REPORT FINDINGS

“The data collected by MYTIME is shocking but makes complete sense. Many of those children may have the same or similar needs to their parents/ siblings, either due to genetics or upbringing. There are so many reasons why a child may be impacted by their role as a young carer. However, I feel it boils down to what opportunities they might have had, e.g. social experience inside and outside of the family; quality time with good role models; play for both physical and cognitive development; access to age-appropriate child care and education are a few. It's really important that charities such as MYTIME are supporting young carers with additional needs as often they are overlooked due to the focus being on the cared for individual. We need to look after all our carers to support our community as a whole.”

Nancy Buttling – Occupational Therapist

“As the Head of English at a special need setting this research has been vital for us to recognise and acknowledge a group of children who often go under the radar. We talk a lot about groups of children who are more likely to need additional support, such as pupils who receive free school meals, military children or children with English as an additional language, however it is not common knowledge that young carers are more likely to have an additional need. Being aware that young carers could be missing out on foundational skills at home allows us as professionals to plan and implement interventions to ensure that young carers are not missing out on essential skills. I am acutely aware that pupils who struggle with early reading and fine motor skills often struggle to access the curriculum. Now, with research backed evidence, I can ensure that young carers within my settings are acknowledged, planned for and given the best chance at success. Thank you to MYTIME for this invaluable research - it is going to ensure that young carers with additional needs are seen and that their chances at academic success improve.”

Heather Brown – Head of English, The White House School

Contact was made with Sarah Moorcroft, Director for Education of ARC (SEND) Schools. In response to the question 'What systemic changes need to be put in place to support SEN young carers?', she gave an insightful response:

"There needs to be a much stronger link between education, health and social care when it comes to identifying and supporting young carers with SEND. Too often, each service only sees part of the picture. A child may be known to the SEND team but not flagged as a young carer, or vice versa. Where this overlap is suspected, it should trigger a shared response - not a referral that sits in a queue. Schools are often best placed to notice patterns - missed homework, lateness, tiredness, emotional distress - but they can't act effectively without clear referral pathways and better communication from external agencies. Professionals should be expected to ask the right questions early on: Who else is in the home? What support is already in place? Is this child carrying more than we realise?

Information sharing remains a major barrier. Parents often have to explain the same situation to multiple services, each of which works to its own priorities. A single point of contact for families, especially in more complex cases, would reduce duplication and offer better continuity. Funding needs to follow need, not just formal diagnosis. Many schools are supporting young carers informally because thresholds aren't met for wider support, yet these children are under real pressure. A targeted fund to support this group - perhaps tied to pupil premium data or EHCP reviews - would help schools put early support in place.

Outside education, other services need better training. If a GP surgery knows a parent has a chronic health condition or mental illness, staff should be alert to the possibility that a child is helping to manage day-to-day life at home. This kind of awareness could lead to earlier support and avoid situations escalating. Systems shouldn't rely on a child reaching crisis point before they're noticed."

MYTIME recently started working with The White House School in Poole. A small special needs school and one of the first schools MYTIME have chosen to pilot our SEN provision with. They have been incredible at actioning our information and have put in place our recommendations to ensure that young carers are at the forefront of their minds.

"A massive thank you to MYTIME Young Carers for all your invaluable support over the last couple of months. With your help, we have been able to identify that 35% of our pupils are young carers and have now put the necessary support in place for these children and their families. The bespoke support you have offered has raised awareness and ensures these children receive the care they need. Lia made it clear from the beginning that a whole-school approach is crucial, and with this now in place, young carers are always at the forefront of our minds. We look forward to continuing our partnership with you, helping support our children within their caring roles and with their additional needs."

Marci Osborn, The White House School

"I first became aware of MYTIME Young Carers a few years ago and have since followed their work closely, particularly through Lia, who is a former Young Carer Champion and now a member of the MYTIME team. It is fantastic to see MYTIME showing the link between children with SEND and young carers. This is a group that has, until now received little to no research attention. I'm excited to be collaborating with MYTIME as they pilot their new SEND provision, which will undoubtably make a significant, positive impact for these children".

Anthony Lloyd, SEN Teacher – Portfield School

CONCLUSION

This report has highlighted the significant and often unseen overlap between young carers and children with Special Educational Needs and Disabilities (SEND). Drawing on data from 25 schools across Dorset and comparing it with national figures provided by the Department for Education, it is clear that young carers are disproportionately affected by additional needs, with 37% of identified young carers also having a SEND diagnosis, which is well above the national SEND prevalence of 29% (2).

The findings emphasise that young carers face a complex interplay of educational, emotional, and social challenges. The prevalence of Autism, SEMH needs, and Speech and Language Delay among this group illustrates how caring responsibilities can intersect with and exacerbate existing developmental vulnerabilities. Girls, in particular, may be under-identified due to masking behaviours, while boys may be overlooked due to societal stereotypes about caregiving roles.

These insights call for urgent and targeted efforts to improve early identification and holistic support for young carers with SEND. Without this, too many children risk falling through the cracks - misunderstood, misdiagnosed, or entirely missed by the systems meant to support them. Educational providers and healthcare professionals must collaborate to ensure that both caring roles and additional needs are recognised early and responded to with appropriate, accessible interventions.

In conclusion, this report not only brings visibility to a group that has long remained hidden within data and policy but also sets a foundation for future action. With improved identification, informed training, and inclusive support systems, we can begin to bridge the gap and ensure that young carers with SEND are no longer an afterthought, but a priority.

REPORT RECOMMENDATIONS

1. Add young carer to the list of protected characteristics, meaning that schools and authorities must support young carers.

2. Schools should have early identification tools in place for children with SEND following the advice from the SEND Code of Practice – “All those who work with children and young people should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all professionals listen and understand when parents express concerns about their child’s development. They should also listen to and address any concerns raised by children and young people themselves.” (20)

3. School should have early identification tools in place for young carers

4. Further research to be conducted into SEND young carers and the impact of the combined need.

5. For schools to consider curriculum by design and how this might fit into their setting to allow pupils of all backgrounds and abilities to succeed. This in turn, will then allow young carers to improve their wellbeing, attainment and attendance.

6. Further research to be conducted by the Department for Education on children that have multiple needs.

MYTIME’S NEXT STEPS

MYTIME have designed a pilot SEND programme, where schools are utilising and providing feedback on resources we have developed. This will allow us to assess the suitability and effectiveness of these resources in meeting the specific needs of SEND students. If schools would like to be a part of this pilot programme, please do reach out to find out further information.

MYTIME are conducting further research into SEND young carers and will continue to raise the profile for this group of children.

Schools should continue to work with MYTIME Level Up Programme to support early identification of young carers in their settings.

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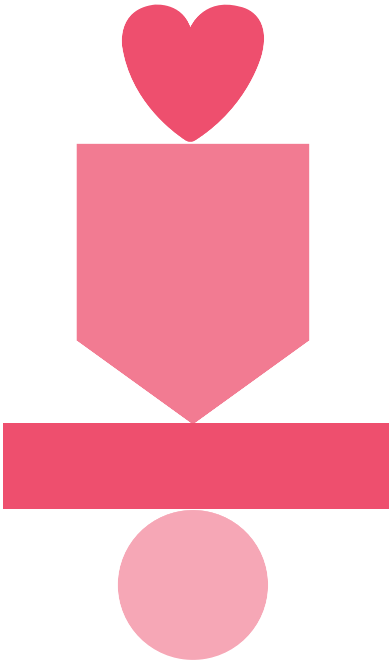

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