

**Numbers of disabled adults who receive care from children and young people in
England**

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Introduction

The aim of this report is to estimate the numbers of disabled adults receiving informal or unpaid care from children in England. An estimate of numbers receiving this form of care is a first step to estimating the cost of replacement packages of formal services. The report goes on to suggest ways in which the estimate of numbers of adults receiving informal or unpaid care from a child can be used to derive costs of replacement services.

Information about children who provide care in England is obtained from two data sources, the 2005/06 Family Resources Survey (FRS) and the 2001 Census. Informal or unpaid care is defined in these data sources in broadly similar terms to mean provision of help or support to family members, friends or neighbours because of long-term physical or mental ill-health or disability or problems relating to old age. The definition of a child utilised here draws on definitions operationalised in the FRS and in analysis of the Census. In the FRS, a dependent child is defined as someone aged under 16 or an unmarried 16- to 18-year old in full-time non-advanced education (ONS 2007). Because there is evidence that providing informal care may have an impact on education (Dearden & Becker 2004: 11) and therefore may affect whether a young person remains in full-time education, it was decided to include all unmarried 16-18 year olds in the definition of a ‘child’ used here. The definition of ‘marriage’ includes *de facto* as well as legal marriage. Consistent with analysis of the 2001 Census, the population of children providing unpaid care is taken to exclude children under the age of 5 years (Children’s Society 2008). *The definition of a child used in the present report is therefore a person aged 5 to 15 or a single 16-18 year old.* This report is divided into five main parts. The first part describes the data sources and, in particular, addresses issues around consistency between the Census and the

FRS sample data. The second part examines the characteristics of children and young people who provide informal care, drawing primarily on the 2001 Census. The third part identifies children and young people caring for adults, using the FRS sample data. The fourth part examines the adult recipients of care from a child or young person, while the fifth part suggests ways in which the costs of replacements services might be calculated. Finally the report ends with a summary of key findings.

1 Data and methodology

1.1 Data sources

1.1.1 2001 Census

The 2001 Census was the first census to collect information on the provision of unpaid care in this country (see Appendix A for the question asked in the Census). The Census indicated that the total number of children and young people under the age of 18 providing unpaid care in the UK was approximately 175,000, while the number in England was approximately 139,000 (Office for National Statistics, cited in HMG 2008). Information on the characteristics of children providing unpaid care, derived from the 2001 Census, is readily available from the Sample of Anonymised Records (SARs). These records represent 3 per cent of the enumerated population of England. The SARs allow for breakdowns of care provision by, for example, age, gender, ethnic group, family type, health and whether in full-time education. A major advantage of the SARs is its sample size. It includes over a quarter of a million children and young people aged 5 to 18 in private households in England, around 5,000 of whom provide care and over 800 of whom provide care for 20 or more hours a week. The Census data are somewhat limited in scope, and in particular do not indicate whether unpaid care is provided within the household or outside the household (Pickard 2007). Nevertheless, the Census data provide an important resource for information on the characteristics of children providing unpaid care and are used, in particular, in the second part of this report.

1.1.2 2005/06 Family Resources Survey (FRS)

The Family Resources Survey (FRS) is a survey based on a large sample of private (non-institutional) households in the United Kingdom. The analysis reported here uses data from the 2005/6 FRS, which covers the period from April 2005 to March 2006. The 2005/6 FRS contains information on a sample of approximately 12,000 children and young people aged 5 to 18 throughout the country, of whom around 185 provide informal care. Respondents in the 2005/6 FRS were asked the questions on informal care shown in Appendix A. The FRS provides information on the characteristics of children providing care, including age, gender, health, educational status, whether care is provided to someone in the same household or another household and hours of care provided. Because of the small sample size of children providing care, the whole sample was utilised in the analysis, that is, the sample for the UK was utilised. In addition, in keeping with other analyses of informal care, volunteer work was excluded from the analysis of informal care provision (cf Maher and Green 2002).

Because the questions asked in the FRS are more detailed than in the Census, it is possible to utilise the information in the FRS to identify children providing care to adults. This is the focus of the third part of the report. It is also possible, using the FRS data, to move from the analysis of the children providing care to the adults receiving care, and this is the subject of the fourth part of this report. The FRS contains information on a sample of approximately 48,500 adults, defined in this report as people aged 19 and over. Information on adults in the FRS includes age, gender, marital status, health and hours of informal and formal care received. Using the FRS, it is possible to provide an estimate of the numbers of adults who receive care from children aged 18 and under in England.

1.2 Comparison of FRS and Census

The number of children providing unpaid care derived from the Census is reported to be considerably higher than earlier estimates based on survey data (Children's Society

2008). There is, therefore, an issue as to whether analysis based on the FRS sample is likely to underestimate the number of children providing informal care and hence the number of adults receiving care from them.

Table 1 compares the probability of providing informal care by children and young people, derived from the 2005/06 FRS and the 2001 Census, by age-band.

Table 1
Probability of providing unpaid care by children and young people aged 18 and under in private households, 2005/06 FRS and 2001 Census, UK/England

Percentages and 99% Confidence Intervals

	FRS (UK)			Census	
	Point	Lower Confidence Interval	Upper Confidence Interval	UK	England
5-7	0.2	<0.1	0.5	0.3	0.3
8-9	0.7	0.3	1.4	0.6	0.6
10-11	1.2	0.7	2.0	1.2	1.1
12-13	1.6	1.0	2.6	2.0	2.0
14-15	2.0	1.3	3.0	3.0	2.9
16-18	3.2	2.4	4.3	4.4	4.3
All	1.5	1.3	1.8	1.9	1.8
<i>Sample Base</i>					
5-7		2,483		68,319	57,071
8-9		1,763		47,997	39,944
10-11		1,810		48,107	40,040
12-13		1,823		47,470	39,271
14-15		1,878		46,499	38,318
16-18		2,401		60,648	49,910
All		12,158		319,040	264,4554

Sources: 2005/06 FRS, Individual SAR (Sample of Anonymised Records) from 2001 Census

Notes Children and young people are defined as 5- to 15- year olds and single 16-18 year-olds; informal care is defined in the Census as care for one hour a week or more.

Table 1 shows that the probability of providing informal care tends to be lower in the FRS than the Census. Overall, in the FRS sample for the UK, 1.5 per cent of children and young people provide informal care, whereas in the Census the proportion is 1.9 percent in the UK and 1.8 per cent in England (Table 1).

Nevertheless, by using the Confidence Intervals around the FRS estimates of provision of informal care by children, a range can be generated that, for the most part, encompasses the Census rates. Thus, the upper Confidence Intervals of the probabilities for each age-band derived from the FRS are greater than, or equal to, the equivalent probabilities derived from the Census in the UK, with the exception of young people aged 16 to 18 (Table 1). Comparability between the UK FRS data, used here, and the Census is greatest where the Census data for England are concerned, with the upper confidence interval around the FRS data for provision of unpaid care by children and young people being the same (1.8 per cent) as the probability of providing informal care in the Census data for England (Table 1). This is important in the present context since it is the numbers of children and young people providing unpaid care in *England* with which the present report is concerned. Overall, the implication of Table 1 for the present report is that the estimates of numbers of children and young people providing care, and hence estimates of those receiving care from children and young people, derived from the FRS, may be closer to the upper confidence interval than to the point estimates.

The higher rates of care provision by children in the Census, however, do need to be placed within the context of a number of factors that might be expected to affect rates in the different data sources. These include some variations in the questions on informal care and differences in the definitions of unpaid care. For example, the definition of informal care adopted here for the analysis of the FRS data excludes voluntary work, but a similar exclusion is not possible with respect to the Census data.

Potentially even more important, it is possible that provision of care by children and young people is subject to seasonal variations. The Census was conducted at a point during the year (April) when rates of unpaid care provision by children and young people may have been particularly high (see Appendix B). If this were the case, then the FRS might be considered to provide a more valid estimate of rates of informal care provision by children for present purposes than the Census, since the FRS is conducted over a 12-month period and cost estimates are usually estimated on an annualised basis. The differences between the FRS and the Census may then be explicable in terms of the ways in which each set of data was collected. Nevertheless,

a cautious approach is adopted here and Confidence Intervals are used to indicate a possible range around the FRS estimates.

In keeping with the approach outlined, an estimate of the number of children and young people providing informal care in 2007, based on the FRS, can be made. Based on official population data for mid-2007 and 2001 Census data, there are approximately 8.5 million children and young people (as defined here) living in private households in England. Using the 2005/06 FRS probability of providing informal care shown in Table 1, and applying this probability to the population of children and young people in England, it can be estimated that there are approximately 130,000 children and single young people aged 5 to 18 living in private households providing informal care. The 99% confidence interval around this estimate suggests that there are between 105,000 and 155,000 children and young people providing informal care in England.

2 Characteristics of children and young people who provide informal care

This section provides some background information on the characteristics of children and young people who provide informal care. The 2001 Census (SARs) data are used in this section because they provide a larger sample size than the FRS data. The analysis focuses on provision of care by children and young people (using the definition described earlier) in private households in England. In the analysis, a distinction is made between provision of any care (defined in the Census as care for one hour a week or more) and 'heavy duty' care (defined as care for 20 or more hours a week). The latter measure is often used to indicate 'heavy duty' caring in adults and is likely to be too high a measure of 'heavy duty' caring in children and young people. It is used in the present section, however, because the Census does not permit any further breakdowns of intensity of informal care.

The characteristics of children and young people providing informal care, analysed here, include variables identified as potentially important in provision of informal care either by the literature on 'young carers' or in the informal care literature more generally, such as age, gender, family type, ethnic group, health and socio-economic

status (Dearden and Becker 2004, Parker and Lawton 1994, Wheeler *et al* 2005, Young *et al* 2005). Socio-economic status is measured here by housing tenure (cf Young *et al* 2005). Provision of care by educational status is also examined for young people aged 16 to 18 (cf. Dearden and Becker 2004, Young *et al* 2005).

Table 2 shows provision of informal care by children and young people in private households in England in 2001 by key characteristics, using bivariate analysis. The table shows that provision of informal care by children and young people increases progressively with age, from less than 0.5% for children aged 5 to 7 to over 4% for young people aged 16 to 18. Provision of informal care is higher for girls (2%) than boys (1.6%) and highest among children and young people from Asian and Asian/British backgrounds than any other background (3% compared to 1.8% overall). Provision of informal care is higher among children in lone parent families (2.3%) than couple families (either married or cohabiting) (1.7%). Provision of informal care is highest among children and young people whose health is described as 'not good', with over 4% of children in poor health providing informal care. Provision of informal care is higher among children and young people in rented (2%) than owner-occupied accommodation (1.7%). All of these differences are significant in bivariate analysis at less than 0.001%.

The characteristics of children and young people providing informal care for 20 or more hours a week are similar to those providing any care. In addition, however, where heavy duty caring is concerned, there is a significant association in bivariate analysis between provision of care and educational status. Provision of informal care for long hours is about twice as high among young people aged between 16 and 18 who are not in full-time education as those in full-time education (Table 2).

Table 2
Percentage of children & young people providing informal care in private households, by key characteristics & intensity, England, 2001 (bivariate analysis)

Percentages

	All care ¹	Care for 20 or more hours per week
Age-group		
5-7	0.27	0.05
8-9	0.56	0.09
10-11	1.12	0.15
12-13	1.98	0.25
14-15	2.87	0.37
16-18	4.29	0.78
All	1.83	0.29
Gender		
Male	1.65	0.24
Female	2.02	0.33
Minority ethnic group		
White	1.72	0.26
Mixed	2.07	0.33
Asian/Asian British	3.22	0.61
Black/Black British	1.87	0.37
Chinese/Other	1.84	0.32
Family type²		
Lone parent	2.31	0.52
Married/cohabiting couple with children	1.65	0.21
Health		
Good	1.64	0.24
Fairly good	3.69	0.70
Not good	4.19	1.27
Housing tenure of household		
Owner-occupied	1.68	0.21
Rented	2.15	0.45
Education (16-18 year olds only)		
In Full-time Education	4.25	0.63
Not in full-time education	4.39	1.16

Source: Individual SAR (Sample of Anonymised Records) from 2001 Census

Notes: For sample size see Table 1. Children and young people are defined as 5- to 15- year olds and single 16-18 year- olds.

¹ *'All care' in the Census is defined as care for one hour a week or more*

² *Excludes a small proportion of the sample (around 2%) in 'other' family types, primarily young people 'not living in a family'*

Multivariate analysis was carried out to determine the factors affecting provision of informal care by children and young people (Table 3). The explanatory model excluded two variables that may be considered endogenously related to informal care provision in children and young people, health and education. Health has been described as endogenously related to provision of informal care in adults (Parker and Lawton 1994). Education may be endogenously related to provision of informal care in young people, in much the same way that employment is considered to be endogenously related to provision of informal care in adults (cf Richards *et al* 1996).

Table 3
Results from logistic regression model of proportion of children and young people providing informal care¹ by age, gender, ethnic group, housing tenure and family type, private households, England, 2001

Variable	Categories	Odds ratio	P value
Age group	5-7	1.00	
	8-9	2.13	***
	10-11	4.30	***
	12-13	7.64	***
	14-15	11.36	***
	16-18	17.50	***
Gender	Male	1.00	***
	Female	1.22	***
Ethnic group	White	1.00	
	Mixed	1.24	**
	Asian/Asian British	1.82	***
	Black/Black British	0.93	ns
	Chinese/Other	0.98	ns
Family type	Couple family	1.00	
	Single parent family	1.23	***
Housing tenure	Owner-occupied	1.00	
	Rented	1.33	***

Source: Individual SAR (Sample of Anonymised Records) from 2001 Census

Notes: Children and young people are defined as 5- to 15- year olds and single 16-18 year-olds.

¹ *Informal care in the Census includes care provided for one hour a week or more. The logistic regression analysis excluded a small proportion of the sample (around 2%) living in 'other' family types, primarily young people 'not living in a family'*

** p<0.01
 *** p<0.001

The results of the logistic regression analysis show that age, gender, ethnic group, family type and housing tenure are all significantly associated with provision of informal care by children and young people (Table 3). The relationships confirm those identified in bivariate analysis. For example, Table 3 shows that girls and young women have 22 per cent higher odds of providing informal care than boys and young men, controlling for age, ethnic group, family type and housing tenure. Controlling for all other variables in the model, children and young people in single parent families have 23 per cent higher odds of providing informal care than those in married or cohabiting couple families. The results also confirm that Asian/Asian British children and young people have particularly high odds of providing informal care compared to those from White backgrounds, although provision of informal care by those from Black and Black British backgrounds, for example, is not significantly different from provision of care by those from White backgrounds. Controlling for all other variables, socio-economic status measured by housing tenure is significantly associated with provision of care by children and young people, with those in rented accommodation having 33 per cent higher odds of providing informal care than those in owner-occupied accommodation (Table 3).

In summary, using the 2001 Census data, this section has provided some background information about key characteristics of children and young people who provide informal care in England. Factors associated in logistic regression with informal care provision by children and young people are age, gender, ethnic group, family type and socio-economic status. In addition, in bivariate analysis, there is an association between health and informal care provision and, for young people aged 16 to 18, between educational status and long hours of informal care provision. This latter association provides some confirmation of the approach adopted in this report, which includes single young people aged 16 to 18, whether or not they are in full-time education, since the results reported here are not inconsistent with the suggestion that provision of informal care may affect whether a young person remains in full-time education.

Section 3 Provision of informal care for adults by children and young people

The information collected on unpaid care in the Census is limited in scope. In particular, there is no information on whom unpaid care is provided for or whether unpaid care is provided on a co-resident or extra-resident basis. It is not therefore possible to distinguish unpaid care provided by children and young people for adults from other forms of unpaid care using the Census. The FRS, however, does allow for unpaid care provided by children and young people for adults to be identified under certain circumstances (described below). The main drawback to the FRS, as already suggested, is its sample size. However, as section one suggested, results comparable to those identified in the Census may be obtained by using Confidence Intervals around the FRS results. These will be taken into account when estimating numbers of children providing informal care to adults using the FRS data.

The FRS sample data allow for the identification of informal care by children and young people on both a co-resident and extra-resident basis. However, informal care specifically for *adults* can only be identified where it is provided to someone living in the same household. The data do not allow for the identification of informal care provision specifically for adults where care is provided on an extra-resident basis, that is, for someone in another household. This is not, however, as much of a limitation for informal care by children and young people as it might be for adults. As Table 4 (below) shows, approximately two-thirds of children and young people providing informal care in the FRS sample are looking after someone in the same household as themselves and one third are looking after someone in a different household.

Provision of informal care by children and young people is therefore more likely to be co-resident than extra-resident. This distinguishes informal care by children and young people from informal care by adults. Adults are more likely to provide care to someone in another household than to someone in their own household. The 2000/01 General Household Survey found that about a third of adults providing informal care were looking after someone living with them and two-thirds were looking after someone living elsewhere (Maher and Green 2002: x). Therefore, although the FRS only permits the identification of informal care by children and young people for adults where this occurs on a co-resident basis, the majority of the informal care by children and young people is in fact provided to someone living with them.

Moreover, informal care on a co-resident basis tends to be provided by children and young people for much longer hours than informal care provided on an extra-resident basis and therefore might be regarded as least ‘appropriate’ for children to perform (HMG 2008: 122). As Table 4 shows, the mean intensity of informal care provided by children and young people to an adult on a co-resident basis is around 16 hours a week, whereas the mean intensity of informal care provided by children and young people on an extra-resident basis is around 6 hours a week. Although some children and young people clearly do provide long hours of care on an extra-resident basis (Table 4), on average, children and young people providing informal care to someone living in the same household as themselves provide considerably longer hours of care than those providing informal care to someone living in another household. This means that a focus on informal care by children and young people provided on a co-resident basis will also be a focus on informal care provided by children and young people for the longest hours.

Table 4
Locus and intensity of informal care provided by children and young people, UK, 2005/06

Informal care by locus/recipient	Children and young people providing informal care (column %)	Hours of informal care provided per week:				
		Mean	Standard Deviation	Minimum	Maximum	Median
Co-resident						
Co-resident adult	42%	18.8	23.6	2.0	100.0	10.0
Co-resident child	23%	11.5	10.2	2.0	42.0	7.0
Co-resident adult/child	65%	16.2	20.1	2.0	100.0	10.0
Extra-resident						
Extra-resident adult/child	35%	6.2	10.6	2.0	74.5	2.0
Total	100%	12.7	18.0	2.0	100.0	7.0

Source: FRS 2005/06

Notes: Children and young people are defined as 5- to 15- year olds and single 16-18 year- olds. There were a total of 184 children and young people providing informal care in the 2005/06 FRS sample.

Not all informal care provided by children and young people on a co-resident basis is provided to an adult. Table 4 shows that 65 per cent of all children and young people providing informal care in the FRS sample are providing care to someone on a co-resident basis and, of these, 42 per cent are providing care to an adult and 23 per cent to a child. Those providing informal care to a co-resident adult provide the longest average hours of informal care of any of the children and young people providing informal care in the sample. Children and young people providing informal care to a co-resident adult do so for an average of nearly 19 hours a week (Table 4). Hours range from 2 hours a week to 100 hours a week or more and this is reflected in the large standard deviation around the mean (nearly 24 hours a week). Nevertheless, the median intensity of informal care provided by children and young people to co-resident adults is 10 hours a week.

Hours of informal care provided by children and young people provided to co-resident adults increase progressively with age, but gender differences do not appear to be very marked (Tables 5 and 6). Children aged 5 to 7 are providing on average 7 hours care a week, whereas children and young people aged 14 to 15 are providing on average 19 hours a week and those aged 16 to 18 are providing around 24 hours a week, with a maximum of 100 hours a week (Table 5). There is little difference in the hours of informal care provided by gender, with boys and young men providing on average slightly more hours per week than girls and young women. This suggests that, although girls and young women may be more likely to provide informal care (section 2 above), where boys and young men do provide care, they may be more likely to do so for as long, if not longer hours.

Table 5
Hours of informal care per week provided by children and young people to adults in the same household, by age band, UK, 2005/06

Age band	Hours of informal care provided per week				
	Mean	Standard Deviation	Minimum	Maximum	Median
5-7	7.0	0.0	7.0	7.0	7.0
8-9	8.3	8.8	2.0	14.5	8.3
10-11	9.2	8.2	2.0	27.0	7.0
12-13	13.0	10.5	2.0	42.0	10.0
14-15	19.0	24.6	2.0	100.0	10.0
16-18	24.4	28.4	2.0	100.0	14.5
All	18.8	23.6	2.0	100.0	10.0

Source: FRS 2005/06

Notes: Children and young people are defined as 5- to 15- year olds and single 16-18 year-olds. There were a total of 77 children and young people providing informal care to a co-resident adult in the 2005/06 FRS sample.

Table 6
Hours of informal care per week provided by children and young people to adults in the same household, by gender, UK, 2005/06

Gender	Hours of informal care provided per week				
	Mean	Standard Deviation	Minimum	Maximum	Median
Boys/young men	20.7	26.2	2.0	100.0	10.0
Girls/young women	17.1	21.1	2.0	100.0	10.0
All	18.8	23.6	2.0	100.0	10.0

Source: FRS 2005/06

Notes: Children and young people are defined as 5- to 15- year olds and single 16-18 year-olds. There were a total of 37 boys/young men and 40 girls/young women providing informal care to a co-resident adult in the 2005/06 FRS sample.

Table 7 gives the probabilities of children and young people providing informal care to co-resident adults, based on the 2005/06 FRS data. The table shows that the probability of a child or young person providing informal care to a co-resident adult is approximately 0.6 per cent (0.5 to 0.8 percent) (Table 7). Applying the probabilities in Table 7 to the relevant numbers of children and young people in the population in England in 2007 (given earlier), there are approximately 55,000 children and young people providing informal care to a co-resident adult. Using 99% Confidence Intervals, the numbers are estimated to range from 40,000 to 70,000.

Table 7
Probability of children and young people providing unpaid care to co-resident adults, UK, 2005/06

<i>Percentages and 99% Confidence Intervals</i>			
	Point	Lower Confidence Interval	Upper Confidence Interval
5-7	0.1	<0.1	0.4
8-9	0.1	<0.1	0.5
10-11	0.4	0.2	1.0
12-13	0.6	0.3	1.2
14-15	1.1	0.6	1.9
16-18	1.4	0.9	2.1
All	0.6	0.5	0.8
<i>Sample Base</i>			
5-7		2,483	
8-9		1,763	
10-11		1,810	
12-13		1,823	
14-15		1,878	
16-18		2,401	
All		12,158	

Source: FRS 2005/06

Notes: Children and young people are defined as 5- to 15- year olds and single 16-18 year-olds. There were a total of 77 children and young people providing informal care to a co-resident adult in the 2005/06 FRS sample.

4 Adults receiving informal care from children living in the same household

This part of the report moves from the children and young people providing informal care to the adult recipients of care. In doing so, the analysis takes advantage of the fact that the FRS is a sample of households and, since the type of informal care with which the analysis is concerned is co-resident care, this means that it is possible to identify the person cared-for within the household. A variable in the FRS dataset identifies whether a respondent receives help and it was therefore possible to identify which adult(s) in the household were being cared for by a child or young person. In moving from the people providing care to those receiving it, the analysis also moves from the sample of children and young people to the sample of adults. The FRS data for the sample of adults includes weights (grossing factors) to allow for differential non-response by age, gender and region and these weights have been used in the

analysis carried out here. (No weights were available in the FRS for the sample of children and young people).

The results suggest that the numbers of people cared for were fewer than the numbers providing care. In other words, some adults were receiving care from 2 or more children and young people. As the previous section showed, there were in total 77 children and young people in the 2005/06 FRS sample providing informal care to an adult in the same household. The total number of adults cared for by these children and young people in the FRS sample was 56 (using unweighted data). Using these unweighted data, the ratio of cared-for adults to children and young people providing care is 0.73. Similar results for the ratio of cared-for people to carers have been reported in relation to other client groups. For example, the ratio of people with dementia to carers is estimated to be approximately 0.85 (Alzheimer's Society, personal communication). The present author is not aware of any previous studies in this country of the ratio of cared-for to carer in relation to care by children and young people. Although the sample size here is small, the results may suggest that care provided by children and young people is more likely to be shared than care provided by adults and, as a corollary, the number of recipients of care by children and young people is likely to be proportionally smaller. In total, approximately 32 percent of the cared-for adults were receiving care from two or more children and young people.

Table 8 summarises the characteristics of adult recipients of care from children and young people (using weighted data). The table relates to a number of key characteristics likely to be relevant to receipt of informal and formal care by adults, such as age, gender, marital status, health and the relationship of the person cared for to the carer (Pickard *et al* 2007, Pickard 2008, Wittenberg *et al* 2008a, 2008b). The table shows that the overwhelming majority (80 per cent) of adults cared for by children on a co-resident basis are aged between 30 and 64. They are primarily women (70 per cent). They are more likely to be *de facto* single than married or cohabiting, with just over half being single. Nearly all have a long-standing illness (97 per cent). The overwhelming majority (75 per cent) are the parents of the children and young people providing informal care, although around 15 per cent are grandparents and around 10 per cent are older siblings (Table 8). In bivariate analyses, the relationships between being a recipient of care from a child/young

person and age, gender, marital status and health are all significant at the 5 per cent level or greater¹.

Table 8
Characteristics of adult recipients¹ of informal care by children and young people living in the same household, UK, 2005/06

	%
Age	
19-29	8
30-64	80
65+	12
Gender	
Men	30
Women	70
<i>De facto</i> marital status	
Married/cohabiting	46
Single	54
Health	
Long-standing illness	97
No long-standing illness	3
Relationship of person cared for to carer	
Parent	75
Grandparent	17
Sibling	8
Weighted base: those receiving informal care from children/young people = 100%	51,047
Unweighted sample	56

Source: FRS 2005/06

Notes: ¹ *Adults are defined as those aged 19 and over. They are recipients of care from co-resident children and young people, who are defined as 5- to 15- year olds and single 16-18 year- olds.*

A key characteristic of those receiving informal care from co-resident children and young people in the present context is their age. It is important to distinguish between ‘younger adults’ aged under 65 and ‘older adults’ aged 65 and over, since trends in numbers are likely to differ in future years by broad age group (cf Wittenberg *et al* 2008a, b). Age is also important in the present context because other characteristics of recipients of informal care also vary by age. In particular, the relationship of the person cared-for to the child/young person providing care varies with age. *All cared-*

¹ It was not possible to carry out significance tests where the relationship of person cared for to the carer was concerned since this relationship was only identified for a sub-set of the sample.

for siblings in the FRS sample were aged 19 to 29, while *all* cared-for parents were aged 30 to 64. The majority of cared-for grandparents were aged 65 and over. Among cared-for adults aged 19 to 64, approximately 85 per cent were the parents of the children/young people providing care while, among the cared-for adults aged 65 and over, all were grandparents.

Given the importance of age in the present context, the numbers of adult recipients of informal care from co-resident children and young people were calculated by broad age-group. The probabilities of adults receiving care from co-resident children and young people by age derived from the FRS (Table 9) were applied to the adult household population in England by age. Information on the adult population by age was based on data from ONS mid-year population estimates in England for 2007, and the household population was estimated using the 2001 Census (SARs) data for England. It is estimated that there were approximately 30.9 million adults aged 19 to 64 and 7.8 million adults aged 65 and over in private households in England in 2007.

Table 9
Probability of adults receiving co-resident informal care from children and young people, UK, 2005/06

<i>Percentages and 99% Confidence Intervals</i>			
	Point	Lower Confidence Interval	Upper Confidence Interval
16-64	0.12	0.09	0.18
65+	0.06	0.02	0.16
All	0.11	0.08	0.16
<i>Weighted sample base¹</i>			
16-64		38,404	
65+		9,813	
All		48,217	

Source: FRS 2005/06

Notes: Source: FRS 2005/06

Notes: Adults are defined as those aged 19 and over. They are recipients of care from co-resident children and young people, who are defined as 5- to 15- year olds and single 16-18 year- olds.

¹ *In this table, the sample size was weighted to allow for the FRS weights (grossing factors) to be applied without inflating the sample size to the population size. This was to allow for Confidence Intervals to be estimated using weighted sample data.*

The results show that there are approximately 45,000 adults aged 19 and over receiving co-resident care from children and single young people aged 5 to 18 in England (Table 10). The 99% Confidence Intervals around this estimate suggest that there are between 30,000 and 55,000 adults receiving co-resident care from children and young people in England (Table 10). There are approximately 40,000 (25,000-55,000) ‘younger adults’ aged between 19 and 64 receiving co-resident care from children and young people. There are approximately 5,000 (5,000-10,000) ‘older adults’ aged 65 and over receiving co-resident care from children and young people.

Table 10
Estimated numbers of adults receiving co-resident informal care from children and young people, England, 2007

<i>Numbers in thousands and 99% Confidence Intervals</i>			
	Point	Lower Confidence Interval	Upper Confidence Interval
16-64	40	25	55
65+	5	5	10
All	45	30	60

Source: FRS 2005/06

Notes: Adults are defined as those aged 19 and over. They are recipients of care from co-resident children and young people, who are defined as 5- to 15- year olds and single 16-18 year- olds. Numbers are rounded to nearest 5 thousand. Figures may not add exactly due to rounding.

5 Estimated costs of replacement services

This part of the report suggests how the information about informal care by children and young people to adults provided in the present report can be used to derive costs of replacement services. To estimate costs, information is used from Part Four of the report relating to the numbers of recipients of informal care from children and young people. A number of different ways of estimating costs using the information in this report are possible and this part explores one of them.

The estimates of costs in this part all assume a replacement package based on the unit costs of home care received by adults and older people. Unit costs of home care are

assumed to be £152 per week for younger adults and £129 per week for older adults, based on PSS EX1 returns to the Information Centre by local authorities for 2006/07 (Information Centre 2008: 14). The unit cost of £152 per week for younger adults is based on the costs for adults with physical disabilities receiving home care. These unit costs give rise to annual costs of £7,904 per person for younger adults and £6,708 per person for older people. These annual replacement costs of care are in turn used to generate three estimates of annual costs, based on the Confidence Intervals around the estimated numbers of adult recipients of co-resident care from children and young people shown in Table 10 (above). The results are shown in Table 11 below.

The results suggest that, using the methodology described here, the estimated costs of replacing informal care provided to adults by co-resident children and young people would be approximately one third of a billion pounds a year, with an estimated range from approximately a quarter of a billion to just over half a billion pounds a year (Table 11).

Table 11
Estimated costs of replacing informal care received by adults from co-resident children and young people, England, 2007

	<i>£ million p.a. & 99% Confidence Intervals</i>		
	Point	Lower Confidence Interval	Upper Confidence Interval
16-64	305	210	435
65+	30	10	85
All	335	220	520

Source: FRS 2005/06, Information Centre (2008)

Notes: The annual costs of care are multiplied by the estimated numbers of recipients of care (Table 10).

Key findings

- There are approximately 130,000 (105,000-155,000) children and single young people aged 5 to 18 providing informal care in private households in England.
- Factors associated in multivariate analysis with informal care provision by children and young people are age, gender, ethnic group, family type and socio-economic status. There are also bivariate associations between health and informal care provision and, for those aged 16 to 18, between educational status and long hours of informal care provision.
- Nearly half of children and young people providing informal care look after an adult living in the same household as themselves. The remainder look after other children in the same household or an adult or child in another household. Although it is not possible to determine the number of adults cared for on an extra-resident basis using 2005/06 FRS data, care provided by children on a co-resident basis is the most intensive type of care and therefore might be regarded as least 'appropriate' for children to perform (HMG 2008: 122).
- There are approximately 55,000 (40,000-70,000) children and young people providing informal care to a co-resident adult in England.
- Children and young people providing informal care to a co-resident adult provide a mean of around 19 hours care a week and a median of 10 hours care a week.
- The number of cared-for adults is lower than the number of children and young people providing care.
- There are approximately 45,000 (30,000-55,000) adults aged 19 and over receiving co-resident care from children and young people in England. There are approximately 40,000 (25,000-55,000) 'younger adults' aged between 19 and 64 and approximately 5,000 (5,000-10,000) 'older adults' aged 65 and over receiving co-resident care from children and young people.
- Nearly all the adults cared-for by children and young people (97%) have a long-standing illness (although disability levels could not be ascertained from the 2005/06 FRS).
- It has been estimated here that the costs of replacing informal care provided to adults by co-resident children and young people in England would be approximately one third of a billion pounds a year, with an estimated range from approximately a quarter of a billion to just over half a billion pounds a year.

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APPENDIX A
THE 2001 CENSUS AND 2005/6 FRS QUESTIONS ON UNPAID OR
INFORMAL CARE

The 2001 Census

The 2001 Census question on unpaid care asks:

Do you look after, or give any help or support to family members, friends, neighbours, or others because of:

- long-term physical or mental ill-health or disability, or
- problems relating to old age?

*Do not count anything you do as part of your paid employment
Time spent in a typical week*

- No
- Yes, 1 – 19 hours a week
- Yes, 20 – 49 hours a week
- Yes, 50+ hours a week

2005/6 Family Resources Survey (FRS)

Key 2005/06 FRS questions relating to informal care are as follows:

NeedHelp: In some households, there are people who receive help or support because they have long-term physical or mental ill-health or disability (or problems relating to old age). Is there anyone in this household who receives any of these kinds of help or looking after? [INTERVIEWER: INLCUDE HELP FROM WIFE/HUSBAND/PARTNER/OTHER FAMILY MEMBER].....

GiveHelp: And how about people not living with you: do you (or does anyone in this household) provide any help or support for anyone not living with you who has a long-term physical or mental ill-health problem or disability, or problems relating to old age?.....

QNeedPer: Who is receiving help or being looked after?....

[For each recipient of help, whether in or outside the household the following sequence of questions follows:.....]

WhoLook: Who looks after or provides help for [name]?

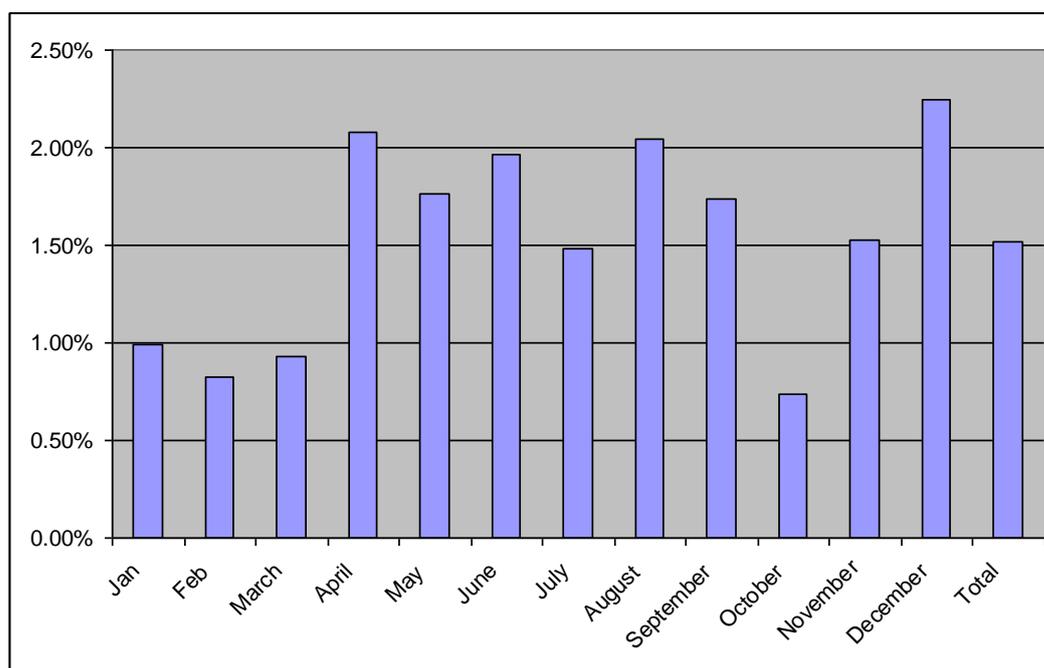
APPENDIX B

SEASONAL VARIATIONS AND PROVISION OF INFORMAL CARE BY CHILDREN AND YOUNG PEOPLE

International evidence from, for example, Canada and Australia suggest that unpaid care provision may be subject to seasonal variations (Statistics Canada 2008; De Vaus *et al* 2003). Analysis of the FRS data in the UK, carried out for this report, shows that provision of informal care by children in this country also varies significantly by month, with peak months being April, August and December, all of which are likely to coincide with school holidays (Figure B1 below). The Census in this country was conducted on 29th April 2001, around a week after the Spring school holiday finished. The probability of children providing care during April is 2.1 percent in the 2005/06 FRS, which is higher than the rate in the Census (1.9 per cent in the UK, 1.8 percent in England). It is therefore possible that the Census figure is higher than it would have been if the data had been collected throughout the year, as is the case with the FRS.

Figure B1

Provision of unpaid care by children and young people aged 18 and under in private households by month, UK, 2005/06



Source: 2005/06 FRS

Notes: Variations in provision of informal care by month were significant at the 5% level; for definition of children and young people see Table 1.