

# Caregiving Among Young Adults

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## VENUE

ESRI Webinar

## AUTHORS

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# Introduction

- Caring is often invisible, especially when undertaken by young people
- Research has shown that caregiving impacts on young people's mental health, leisure, social connection with peers, educational and employment outcomes and family relationships. (Kaiser and Schulze, 2015; Siskowski, 2006; Kavanaugh, 2014)
- Other studies suggest positive impacts of caring - increased closeness of family relationships (Hunt et al 2005,. Kavanaugh 2016)
- Many studies focus on narrow groups e.g. those caring for a parent with a specific diagnosis. Mostly cross-sectional and often no comparison group (review by Fleitas Alfonzo, 2022).

# Focus of this study

- Uses Growing Up in Ireland Cohort '98 data
- Takes a broad definition of care, including care for younger siblings; not only those with an illness/disability
- Longitudinal nature of GUI data – makes it easier to look at the potential impact of caregiving taking account of prior characteristics
- Can separate out the effects of illness of family member and the effects of caring

# Measures of caregiving: GUI Cohort '98

Wave	Question wording
<b>Age 9 and 13</b>	<p>Do you do any of these chores at home? Age 9: often, occasionally, never. Age 13: every day; 4/5 times a week; 2/3 times a week; less often; never</p> <p>Helping with your younger brothers or sisters</p> <p>Helping an elderly or sick relative in the family</p>
<b>Ages 17 and 20</b>	<p>Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home. (yes, no)</p> <p>If yes how is this person related to you? (multiple responses permitted)</p> <ol style="list-style-type: none"> <li>Grandparent or other elderly relative (yes, no)</li> <li>A parent or step-parent (yes, no)</li> <li>A younger sibling (yes, no)</li> <li>A sibling of the same age or older than you (yes, no)</li> <li>Someone else (yes, no)</li> </ol> <p>If yes to providing care to younger sibling(s), the young person is asked if they would describe this as 'babysitting' or something more than this (e.g., 'childcare' in place of someone like a childminder or helping them with a medical condition).</p>
<b>Age 20</b>	<p><b>Care intensity</b></p> <p>Would you describe this care you provide as taking up: 'a large amount of my time'; 'quite a lot of my time'; 'some of my time'; or 'not very much of my time'?</p>

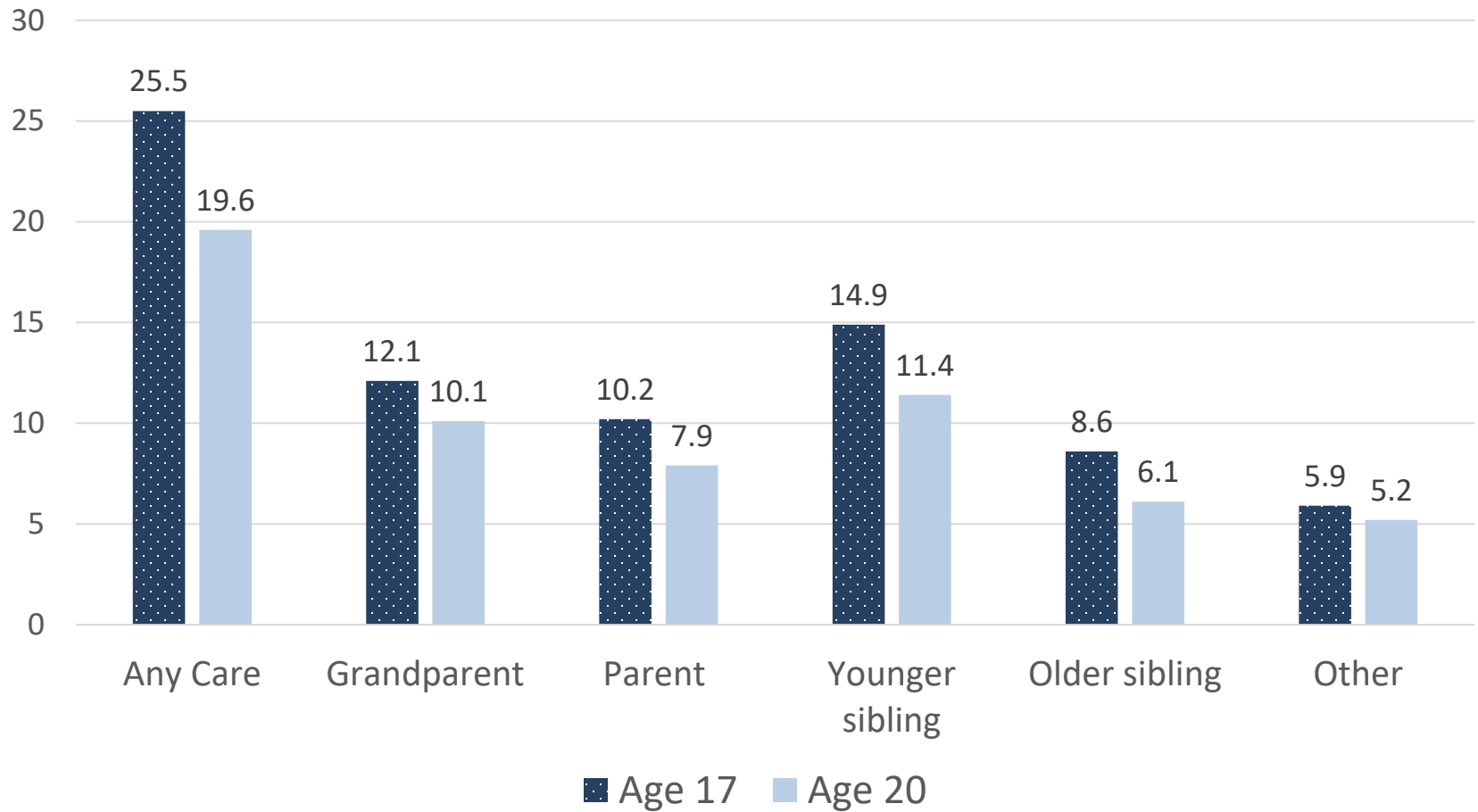
# Research questions

1. What is the extent of caregiving among young adults?
2. What factors predict young people's caregiving at ages 17 and 20?
3. How are care responsibilities associated with young people's wellbeing, physical health and family relationships?
4. How do care responsibilities affect academic performance and educational pathways?

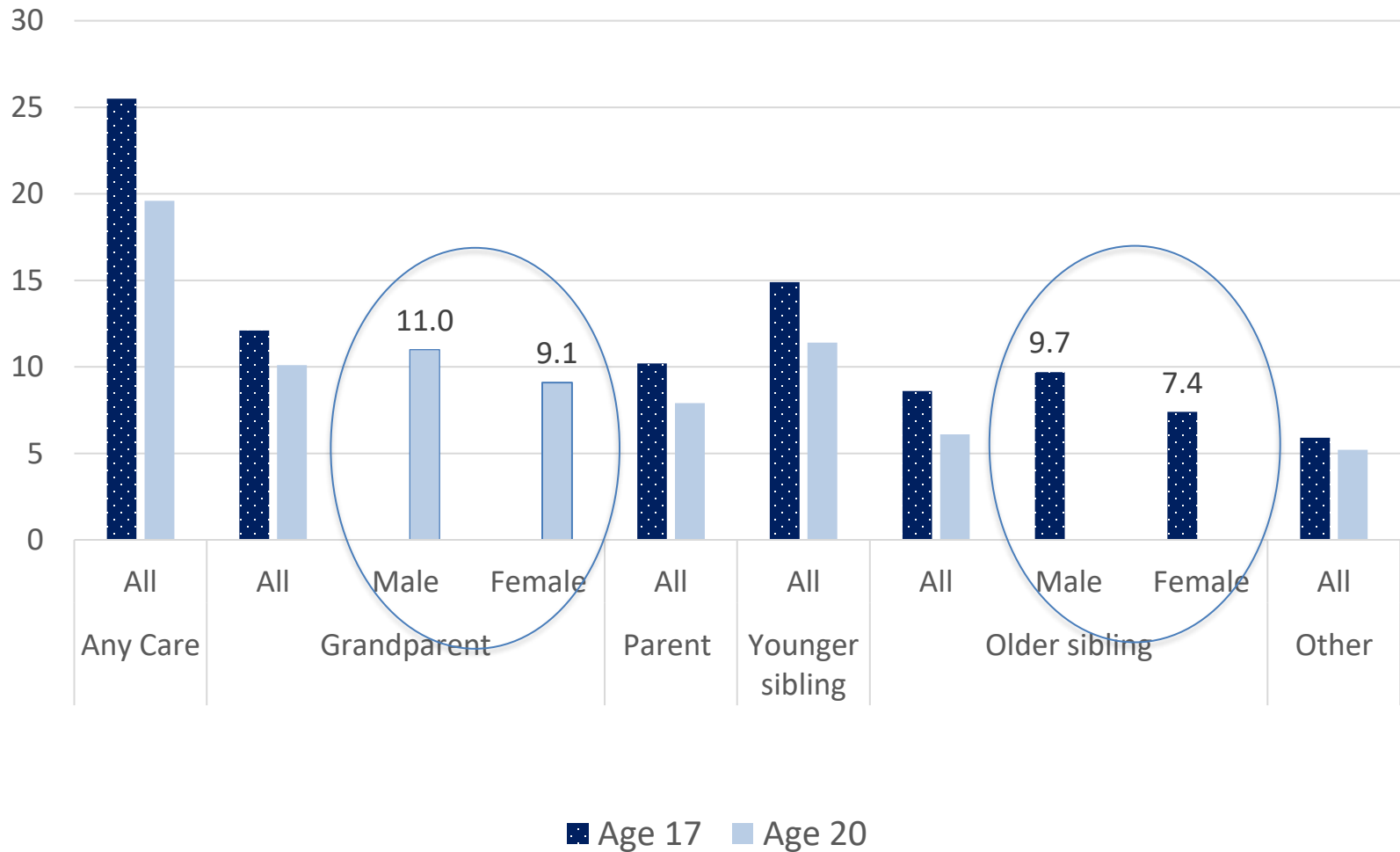


## Profile of caregiving among young adults

# Caregiving at Age 17 and 20 years

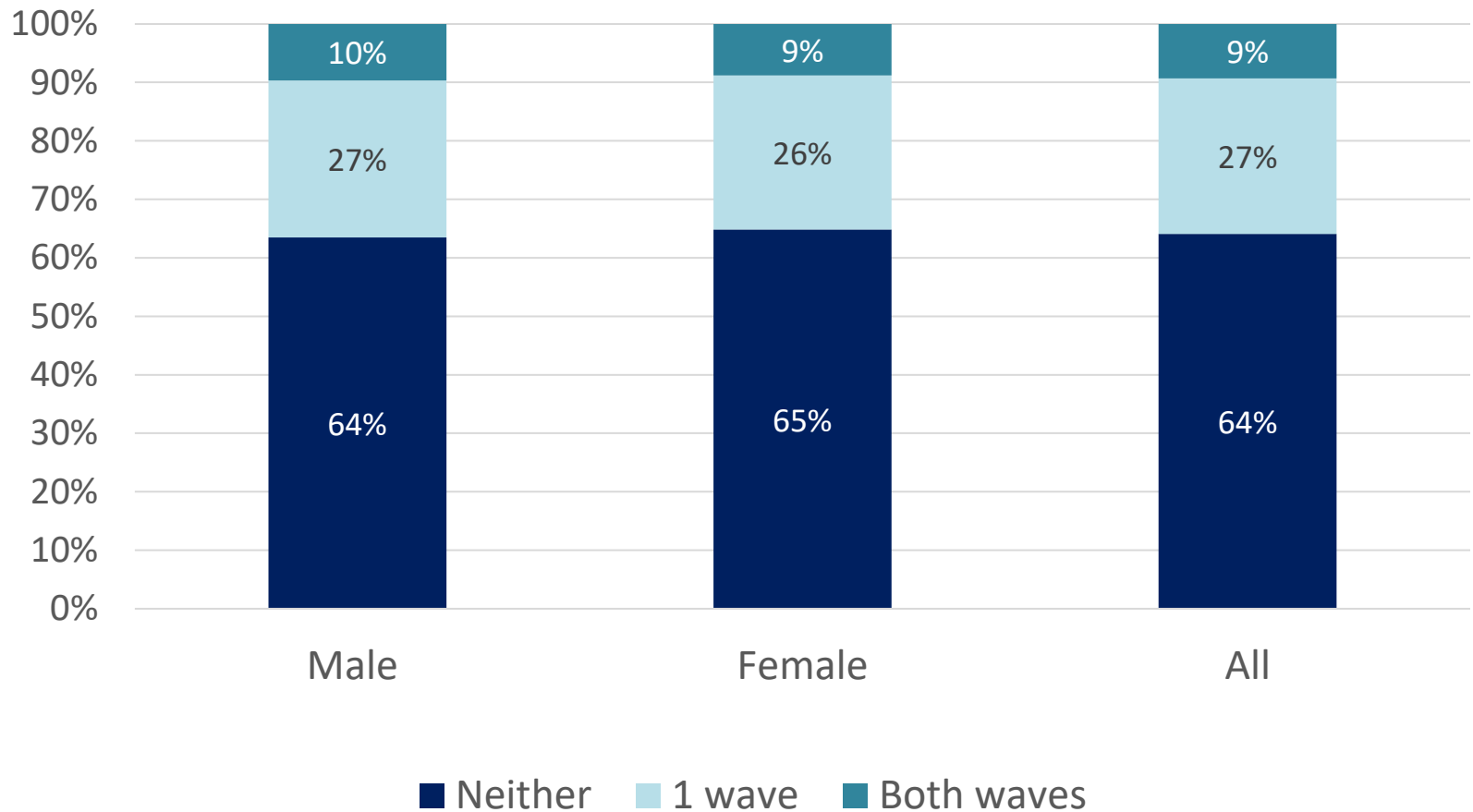


# Few gender differences in participation

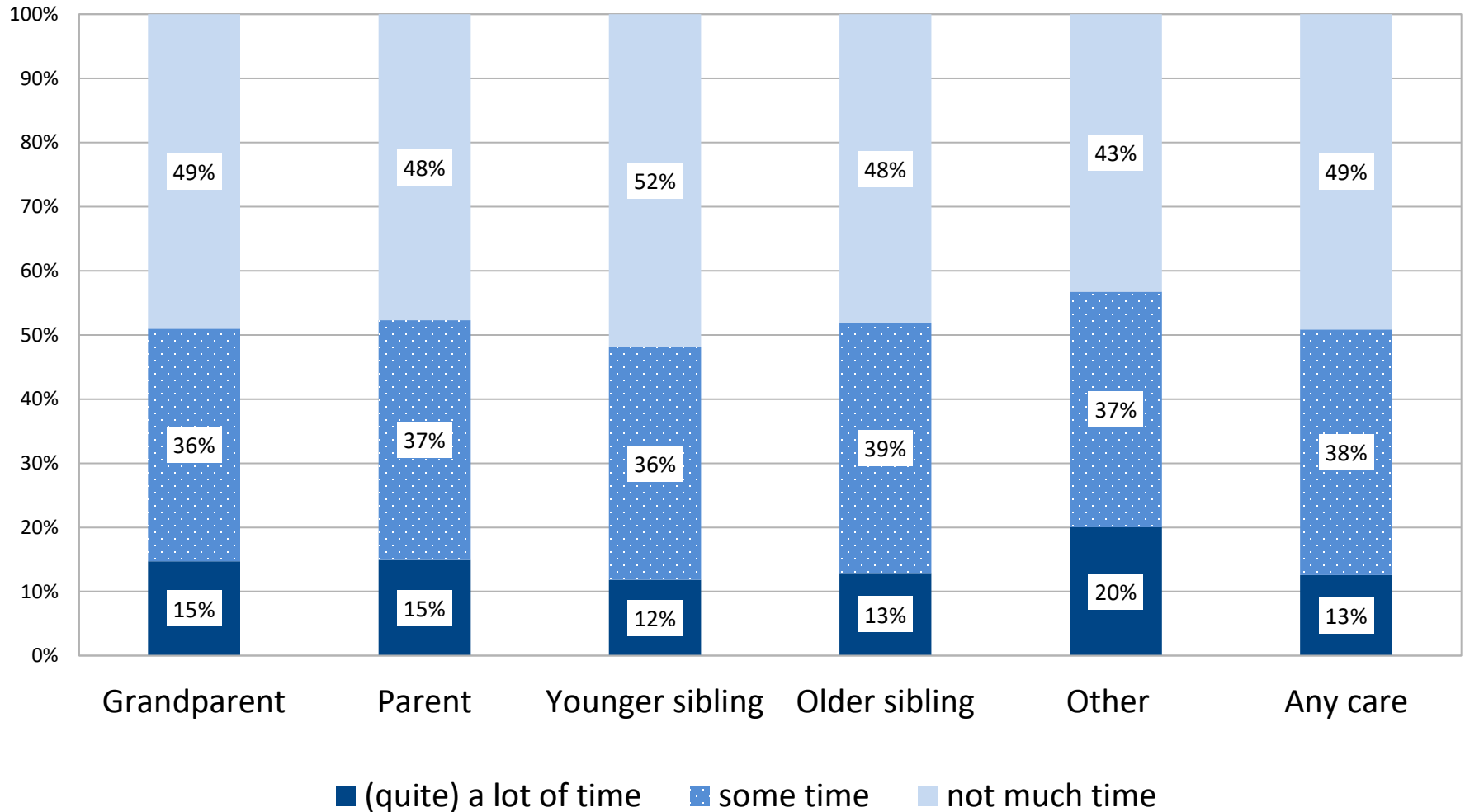




# Persistence of Caregiving between Age 17 and 20



# Time Spent on Caregiving at Age 20 – care-givers only



# Factors predicting any caregiving at 17 years

- Social background: mother lower 2nd level education more likely to be providing care
- Number of younger siblings – each additional sibling increases probability by 5 pp
- Earlier care - providing care for an older or sick relative, or younger sibling at age 13
- **Not sig:** gender, migrant status, income, lone parent family, parent's health status, other family supports locally

# Factors predicting any caregiving at 20 years

- Father not in employment
- Number of younger siblings
- Someone in household was unable to care for child at age 9
- Caregiving every day at 13 years
- Attending Further Education compared to Higher Education

# Factors influencing care intensity at age 20

## Higher Intensity

- Number of younger siblings
- Someone in household unable to care for child at age 9
- Frequent care provision at age 13 years
- Attending FE compared to HE increases intensity

## Lower Intensity

- Moved out of family home

Does not vary by care recipient (siblings, parents) gender, migrant status, SES

## **Among carers only:**

- Females have higher intensity
- Father hampering illness/disability higher intensity
- Moved out of family home lower intensity
- Older siblings lower intensity - sharing care?



# Outcomes analysed

- Wellbeing
  - Life satisfaction
  - Depression (CES-D Depression Scale)
- Physical health
  - Self-reported health quality
  - Overweight/obesity
- Family relationships
  - Quality of relationships as reported by young adult
  - Extent of arguments as reported by mother
- Educational outcomes
  - Leaving Certificate points
  - Post-school pathway
  - Whether moved out of parental home
  - Role of living at home/good transport links in choosing an educational institution



# Physical health and wellbeing



# Caregiving and physical health

- Little systematic variation with self-reported health but those involved in more intensive caregiving are somewhat more likely to report their health as poor
- Similar lack of marked relationship with weight status but those with a lot or quite a lot of involvement are more likely to be obese

# Caregiving and wellbeing

## Life satisfaction at 17 and 20 years

- No difference in wellbeing of carers and non-carers overall, by care recipient (parent, sibling, grandparent etc.) or number of care recipients
- But those providing care at 17 years have slightly higher life satisfaction at age 20
- Parent's depression reduces YP life satisfaction, but this is not due to caregiving

## Depression:

- No systematic variation in depression overall
- Some protection at age 20 from being involved in caregiving at 17
- Strong relationship with maternal depression



# Family relationships

# Caregiving and family relationships

## Young person's perspective:

- Those involved in caregiving at 17 had better quality family relationships at 20, especially for those who had poorer initial relationships
- Applies to low-intensity care only

## Mother's perspective:

- Little overall difference but more mother-child conflict if YP was caring for younger siblings
- Maternal depression is linked to poorer quality relationships (from both perspectives)



# Educational outcomes

# Caregiving and educational outcomes

## Leaving Certificate Points

- Caregiving at 17 is linked to lower grades
- Effect increases with the number of recipients
- Greater effect in case of caring for grandparent, older sibling(s) and others

## Transition to higher education

- Those caregiving at 17 have half the transition rate as non-carers
- Effect increases with the number of care recipients
- Operates via lower Leaving Certificate points

## Caregiving and educational outcomes (2)

### Choice of further/higher education institution:

- Caregivers at 17 place stronger emphasis on being able to live at home while at college
- Strongest in the case of caring for a grandparent
- No variation in rating of importance of good transport links between parental home and college

### Moved out of parental home:

- Caregivers at 17 less likely to have moved out by 20
- Not accounted for by higher education entry patterns



# Conclusions and implications for policy



# Summary and implications for policy

- Important to recognise and value of caregiving by young people
- For most young people, caregiving is not highly time intensive and is transitory in nature, but for some there is persistence over time
- Heterogeneity in the extent of caring and the individuals involved – making it difficult to target young caregivers through traditional means (like household income or welfare receipt)
- Caregiving reflects love and reciprocity among family members, with some positive effects in terms of later wellbeing

## Summary (2)

- Low-intensity nature of much caregiving means that there are few negative effects overall on life satisfaction and depression
- But strong differences are found for educational outcomes so caregiving is likely to have long-term effects
- Lack of specific education supports for carers
- Naming young carers in the criteria for School Completion Programme - access to necessary learning and socio-emotional supports through the programme; potential role of HSCL; but limited to DEIS schools
- Higher education access programme – some carers will be picked up via low income and welfare receipt but not others; potential to add explicit recognition for carers
- Findings show the value of distinguishing between the impact of caregiving and parental illness (especially depression) – importance of supports (e.g. family-focused MH services) for those whose parents experience depression
- Need for further research on the extent to which young caregivers access existing supports

Thanks for listening – any Questions?

The report is available to download at

[https://www.esri.ie/publications/caregiving-  
among-young-adults-in-ireland](https://www.esri.ie/publications/caregiving-among-young-adults-in-ireland)

# Caregiving at 13 years

