

Informes de projectes:

EUROCARE, team. 2024. Young Adult Carers in Europe. Zenodo

Carers in Europe

Young Adult Carers in Europe

Findings from the Eurocare project



Forward

This report makes one thing crystal clear - When it comes to the question of why we need to support young adult carers, it is a question of **equality**. For too many young people starting out in their adult lives, having caring responsibilities has real and significant impacts on their mental health, education, and access to employment.

The findings from this study show that with an estimated **10% of young people having caring roles** (and even as high as almost a third in some countries), no government will tackle key issues such as reducing youth employment rates, or tackling the post-COVID-19 mental health crisis without getting it right for young adult carers. To put it into context – 10% means that there will be at least two young carers in every classroom, every lecture hall, every workplace right across Europe.

The fact that young adult carers are more likely to be **Not in Education, Employment or Training** (NEET), less likely to hold a university degree and less likely to enter work than their peers shows how they have repeatedly been failed by governments of all persuasions. In England and Wales – there are over 115,000 young adults caring for more than 20 hours a week, with almost a third of those caring for over 50 hours. This figure has gone up in the past decade, not down – this has to be a wake-up call.

This report highlights how taking on caring responsibilities quickly affects **mental health and wellbeing**, so improving **early identification** has to be a priority. In the UK we have seen real progress in identification within schools, but far more needs to be done to identify young adult carers within colleges, universities and workplaces. We must not forget that health and social care practitioners are brilliantly placed to identify possible young adult carers – but too often, this simply does not happen. This has to change.

When I speak with young adult carers, findings like these are of little surprise to them – they chime with their day-to-day experiences of trying to juggle caring with education or getting into employment. They recognise the impact that caring has on their own stress levels, how much sleep they get, and their ability to have time away from their caring role. And young adult carers are calling for change – they are calling for recognition and support. With UK and European elections on the horizon – this provides politicians the opportunity to show that tackling the continued inequalities for young adult carers is a wrong they are committed to help put right once and for all. Young adult carers deserve nothing less.

Andy McGowan
Policy and Practice Manager, Carers Trust
7 May 2024

Key Findings



About **1 in 10** young adults aged 15-29 in Europe are young adult carers.



The **prevalence** of young adult carers **varies by country** from 31% of young adults reporting they are young adult carers in Iceland, to 2% in Cyprus.



Most young adult carers provide <10 hours of care per week but **1 in 5** say they are caring for more than this. Most commonly it is women who are providing more care.

Socioeconomic and ethnic inequalities in young adult caring



There are important socioeconomic and ethnic inequalities in who is a young adult carer in Europe; for instance, young adult carers are more likely to be from households with lower incomes and lower parental education. In the UK, young adults from Pakistani and Bangladeshi ethnic backgrounds were the most likely to report being a young adult carer.

Impacts of young adult caring on mental health



Becoming a young adult carer quickly affects mental health and wellbeing. This was more marked in the UK compared to Germany. The chances of reporting poor mental health increase markedly with increasing hours of care reported per week.

Impacts of young adult caring on education and work



Being a carer in young adulthood has long-term impacts on education and work opportunities. For instance, young adult carers were more likely to be Not in Education, Employment or Training (NEET), not hold a university degree and were less likely to enter work than their peers. Again, this was particularly pronounced for young adult carers providing more hours of care per week.

Policy Implications

- Our work shows that there are socioeconomic and ethnic inequalities in who is a young adult carer. National and local governments should ensure that support for young adult carers considers the specific needs of carers shown to be in greater level of need, for instances those living in the most economically deprived areas.
- We found that the mental health of young adult carers is affected quickly after they become a carer. **This points to the importance of early identification and intervention.** Professionals who would be well situated in identification efforts are health professionals (e.g. General Practitioners, hospital discharge teams), social work practitioners, and staff in education institutions. One recommendation would **be that national governments could mandate a requirement for health professionals supporting an adult with ongoing or long-term health and/or support needs to ask whether there any children or young adults who might be providing care or support.**
- That there are consistent differences in the mental health of young adult carers compared to their peers suggests that **mental health support is urgently needed.**
- Young adult carers should have the same educational opportunities as their peers. This is an important facilitator into work. There are several ways in which this could be facilitated:
 - Encouraging earlier identification of young and young adult carers via health and education institutions. **For example, all schools, colleges and universities should have a young (adult) carer lead and a young (adult) carer policy.**
 - National governments could also introduce a requirement for all education staff to undertake carer awareness training to help them improve their ability to identify and support students with caring responsibilities.
 - Removing dis-incentives to pursuing further and higher education. For instance, the UK government could remove the 21-hour study rule for Carers Allowance in England and Wales, improving financial support for carers who are in full-time education and still providing significant levels of care.
- One particularly consistent finding in our research is caring hours as a determinant of young adult carer outcomes across education, health and employment. This highlights the need for a cross-Government National Carers Strategy. This strategy must focus on improving identification and support for young adult carers. The strategy should also set out actions **to reduce the amount of carer that a young adult carer provides. This might be through strengthening access to and funding for formal care, including respite care.**

Background

Europe is changing. Many European countries are witnessing ageing populations, low fertility rates and increasing life expectancy alongside more years spent in poor health. Additionally, the Covid-19 pandemic has resulted in a decline in population health, the emergence of 'Long-Covid', and increased waiting lists for healthcare in many countries. This means that there is an increase in care need in most populations.

What do we mean by 'care'?

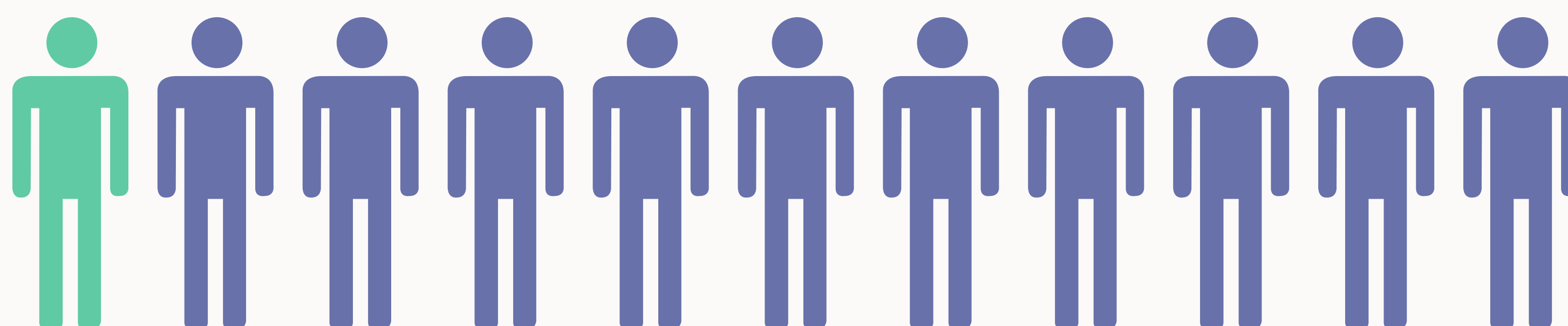
We use the term 'care' to refer to help or assistance that is provided usually unpaid to family members or friends with mental and physical health conditions, disabilities, and addictions.

As a result of insufficient state support in many countries this care is increasingly being picked up by unpaid carers, including **young adult carers** – carers aged 16-29. Unpaid care has huge economic value (e.g. young adult caring costs the UK economy £1.048 billion per year¹) but is also potentially costly to the lives of those unpaid carers. This might be particularly the case for young adulthood – a time when important transitions to family life, further and higher education and training, and work are made.

The **Eurocare** project sought to examine how many young adult carers exist in Europe and who they are, in terms of who they care for, how much care they provide and their social and demographic characteristics. The project also looked at how becoming and being a young adult carer affects multiple aspects of young adults' lives. These include impacts on education, work, health, and friendships. Where possible the researchers compared the effects of being a young adult carer in different countries. This allows for comparisons of how different social policies might translate into differences in the outcomes of young adult carers.

How common is young adult caring in Europe?

Young adult carers are common in Europe. In fact, 9% of all carers in Europe are young adults. This equates to around 9.5% of young adults in Europe who report that they have caring responsibilities.²



1 in 10 young adults in Europe are carers

The proportion of young adults who are young adult carers varies substantially across countries (Fig. 1).² For instance, this ranges from 31% of young adults who report having care responsibilities in Iceland, through 18% in Denmark, France and Germany, to around 5% or less in Romania, Spain and Cyprus.² There are several possible explanations for these differences. One is that some of the countries where there is more state support for care (e.g. Denmark) also have higher life expectancies and thus young people might be more likely to have older relatives to care for.³ Differences in prevalence across countries may also result from differences in interpretation of questions about care based on social and cultural interpretation.

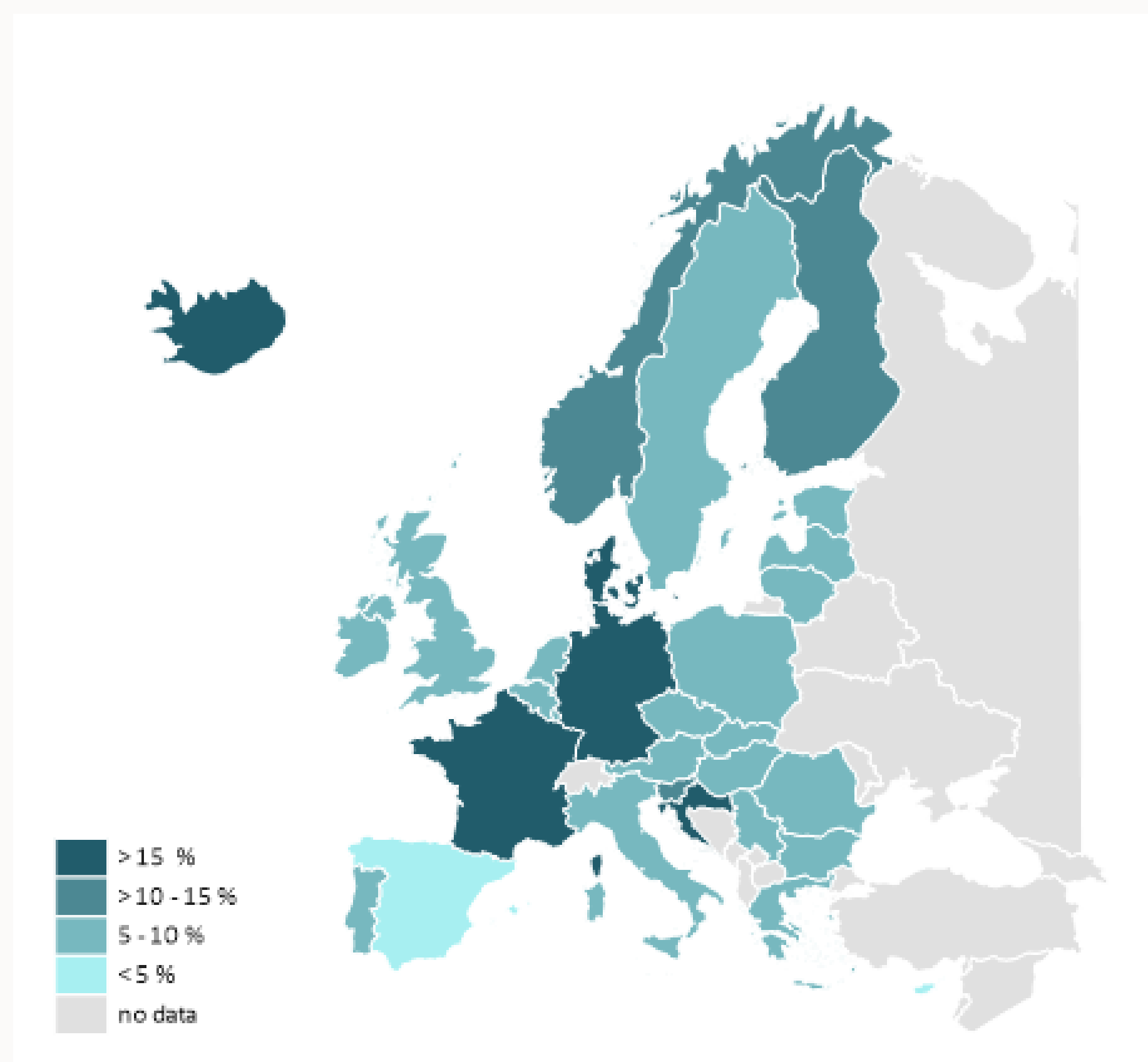


Fig. 1 % of young adults providing care by country.

Source: European Health Interview Survey 2019; UK Household Longitudinal Study

What level of care are young adult carers providing?

Of European young adult carers, 79% are providing care for <10 hours/week but more than one in five young adult carers say they are caring for more than 10 hours/week.²

Looking over time, the proportion of young adult carers has changed very little in the period before the Covid pandemic.^{2,4,5} However, in some countries like England and Wales there has been a notable increase in the % of young adults who are providing very intense levels of care (>50 hours per week) from 10% in 2001 to 13.5% in 2021 according to Census data (Fig 2). It is important to note that the Census 2021 was collected in March 2021 during the Covid-19 pandemic.

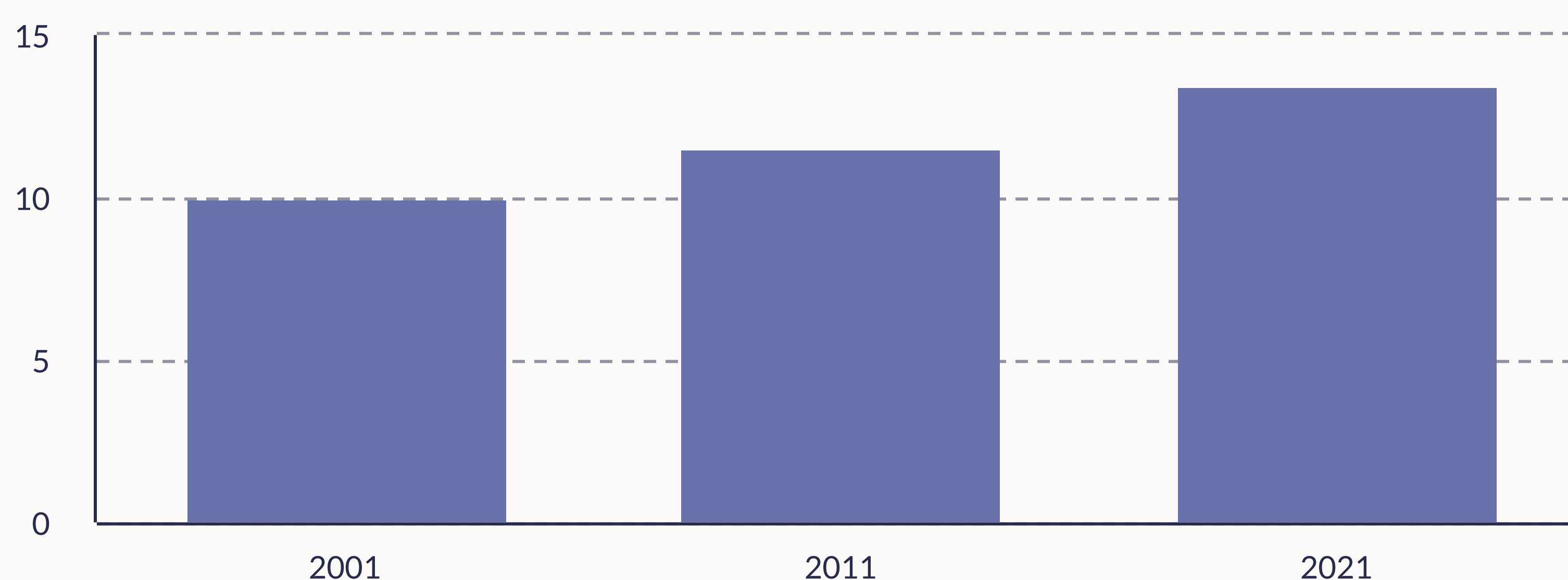


Fig. 2 % of young adult carers caring for >50 hours per week.

Source: Census for England & Wales

Who are young adult carers caring for?

Few countries had data on who young adult carers were caring for. However, in the UK this information was collected in Understanding Society – a large, representative study of UK households. We found that young adults were most likely to be providing help and support for parents (42%), grandparents (41%) and friends (16%). Other recipients of care mentioned were other relatives (10%), siblings (7%), children (6%), and partners (5%). Most young adult carers were caring for one person (92%) but 8% were caring for more than one person.⁴

Are there inequalities in young adult caring in Europe?

Gender

In this report gender is referred to as a binary categorisation to reflect care as a feminine form of labour. Looking right across Europe, the research found that there is little difference in young adult caring by gender; 10.2% of young adult men and 8.7% of young adult women are carers.² However, care intensity is gendered; when the number of hours young adult carers report caring for is examined, we see that 23% of women young adult carers report caring for at least 10 hours per week. This contrasts with 18% of men young adult carers.²

Household financial circumstances

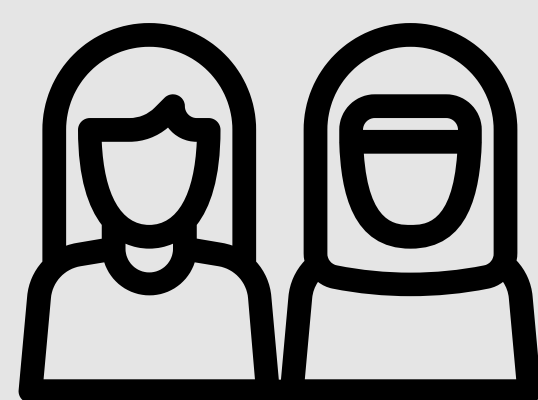
Young adult carers from across Europe are more likely to come from low-income households. In fact, 27% of young adult carers come from households in the lowest fifth of monthly income. This socioeconomic inequality for young adult carers was most pronounced in countries which provided more institutional care, such as Denmark, Sweden, Finland and Iceland where 39% of young adult carers come from the lowest income households.²



Young adult carers are more likely to come from **low-income** households

In work involving Germany and the UK, young adult carers were more likely to come from households where parents have no qualifications.^{4,5}

In the UK:



Young adults from Pakistani and Bangladeshi ethnic groups are more likely to be young carers

Ethnicity

Few European longitudinal datasets collected information on ethnicity. However, in the UK where this information was available, young adults from Pakistani and Bangladeshi ethnic backgrounds were the most likely to report being a young adult carer.⁴

How does young adult caring affect young adult lives?

Using data that tracks the same individuals over time, the Eurocare project has examined how young adult caring impacts on the health, education, and work. Where possible the researchers compared the potential impact of young adult caring in different countries.

Health and wellbeing

Looking across Europe, young adult carers were more likely to report poorer levels of self-perceived health and more mental health symptoms.⁷ The gap in self-perceived health between young adult carers and their peers was particularly stark in Ireland, Hungary, Belgium, the Netherlands, and Sweden. In Ireland there was a very large, 24-point difference in the proportion of young adults reporting fair or poor health compared to their peers who were not carers; 29% of young adult carers reported fair or poor health compared to 5% of non-carers.

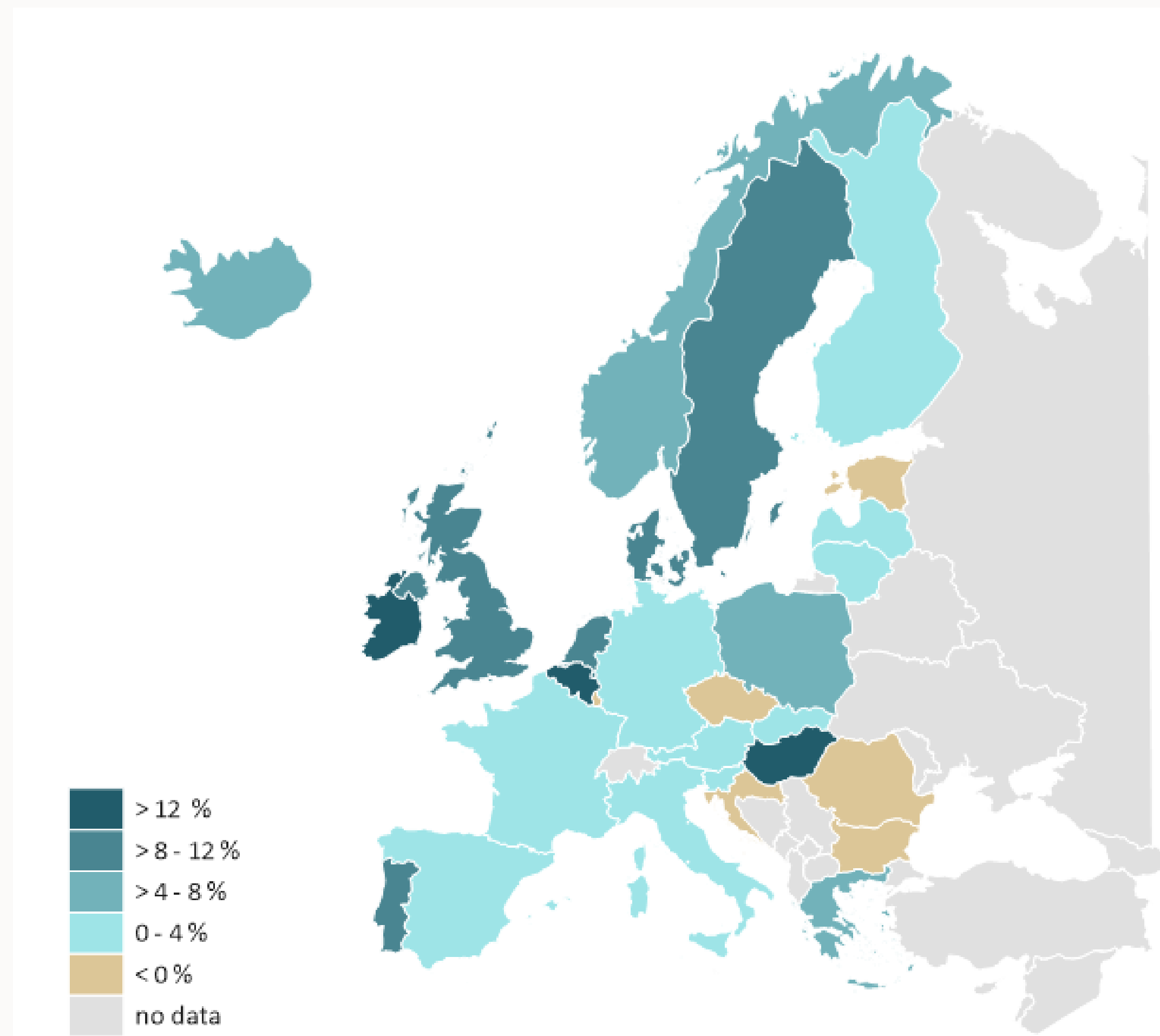


Fig. 3 % point difference in reporting poor or fair health between young adult carers and non-carers.
Source: European Health Interview Survey 2019

Belgium, Denmark, Estonia, Latvia, Luxembourg, the Netherlands, Norway, and Sweden had the largest differences in reported mental health symptoms between young adult carers and their peers. In these countries between 1 in 4 and 1 in 5 young adult carers reported poor mental health.⁷

The number of hours a young adult carer says they are providing each week is critically important (Fig. 4). **The chances of reporting poor mental health increased with increasing hours of care reported per week.**⁷ This means that young adult carers who are providing more than 20 hours of care per week were more than 96% more likely to report poor mental health compared to their peers who were not caring. Within Spain, in a separate study, the number of hours of care a young adult carer is providing is important. Young adult carers providing more than 10 hours of care per week were more likely to report a mental health condition.⁸

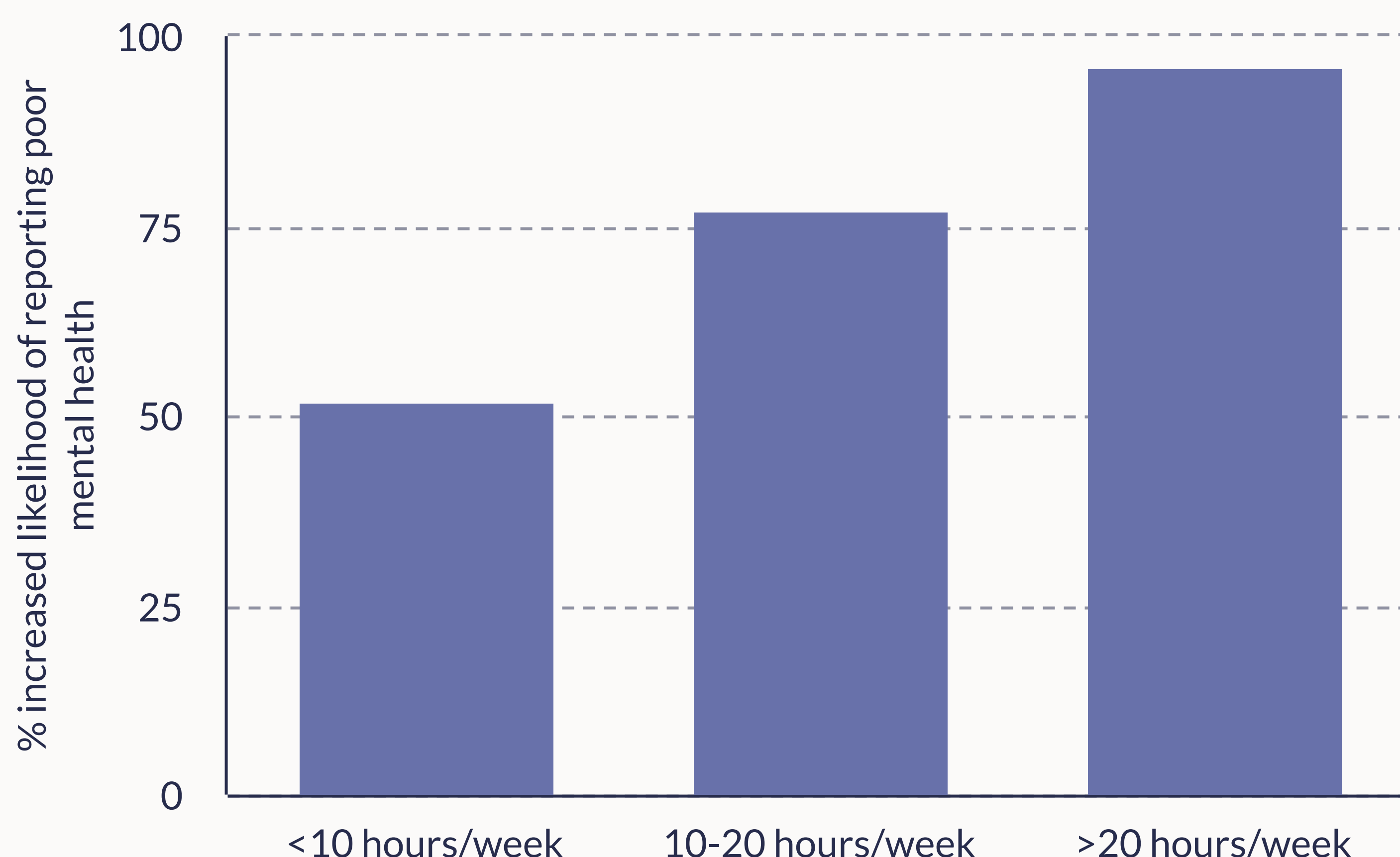


Fig. 4 % increased likelihood of reporting poor mental health compared to non-carers by caring hours.

Source: European Health Interview Survey 2019

Using longitudinal data which tracks the same people over time, the researchers were also able to look at how quickly mental and physical health is affected after becoming a carer at different life stages. They were also able to ascertain how long-term any effects on health might be. Regarding young adult carers in the UK, mental (but not physical) health was impacted quickly after becoming a young adult carer – within the first year.⁹ The mental health difference between young adult carers and their peers who were not carers persisted for about 3 years after becoming a carer. There were no differences in the number of hours of care provided in this work, but the findings suggest that mental health is impacted for young adult carers regardless of the number of hours they provide. Also, there was no difference in the health effects of becoming a young adult carer between men and women.

The researchers also looked in the UK and Germany at how becoming a young adult carer impacted on self-perceived general health and life satisfaction.¹⁰ Young adults in the UK who became young adult carers were more likely to report poorer levels of overall health and reported a decline in life satisfaction when they became a young adult carer. The same was not true of young adults in Germany. Young adults in the UK who moved into providing 10 or more hours of care per week reported the largest declines in life satisfaction. The decline in life satisfaction persisted for several years after becoming a young adult carer.

Education and Employment

In the UK there were important inequalities in educational attainment. **Young adult carers were 38% less likely than their peers to hold a university degree as their highest qualification.** This was starkly graded by caring hours as shown in Fig. 5. Young adult carers providing care for more than 35 hours per week were 86% less likely than their peers to have a university degree.⁶

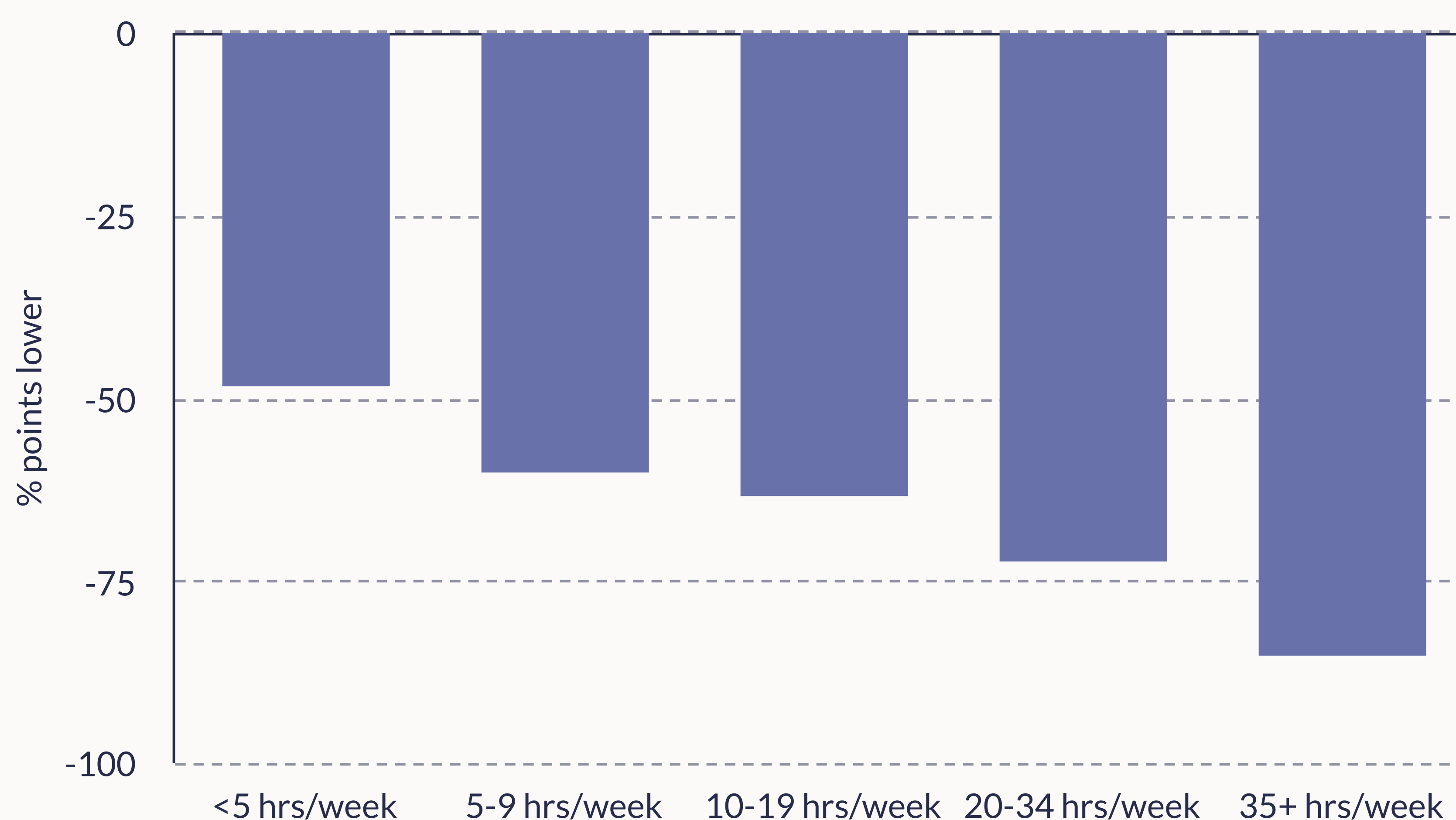


Fig. 5 % points by which young adult carers are less likely to hold a university qualification compared to their peers who are not carers.

Source: UK Household Longitudinal Study

The researchers also compared this effect between the UK and Germany.⁵ Young adult carers in Germany were also less likely than their peers to hold a university degree as their highest qualification, although this was less pronounced than in the UK. The impact of caring hours on holding a university degree was also less marked for young adult carers in Germany compared to the UK. The two country contexts are different in that in the UK young adult carers are more likely to be primary carers due to insufficient resources compared to Germany, where young adult carers are more likely to be carers secondary to other public care services, their parents or other relatives.

Young adult carers providing care for more than 35 hrs/week



are **86% less likely** to have a **university degree**

When looking across Europe, there is a gradient between being a young adult carer and the level of highest educational qualification held in many countries.⁷ In most countries, young adult carers were more likely than their peers to hold primary or secondary education qualifications as their highest level of education.

In many European countries young adult carers are more likely to be NEET (Not in Education, Employment or Training). This is closely tied to the number of hours a young carer says they are providing care for per week. Young adult carers providing more than 20 hours of care per week are 39% more likely to be NEET than their peers who are not carers.⁷

The Eurocare project also looked at the risk of being NEET for young adults compared to their peers within different countries (Fig. 6). The countries where there was the greatest difference in risk of being NEET as a young adult carer compared to a non-caring peer were Hungary (15% difference), UK (12% difference), Portugal, Denmark, and Greece (all 9% difference).

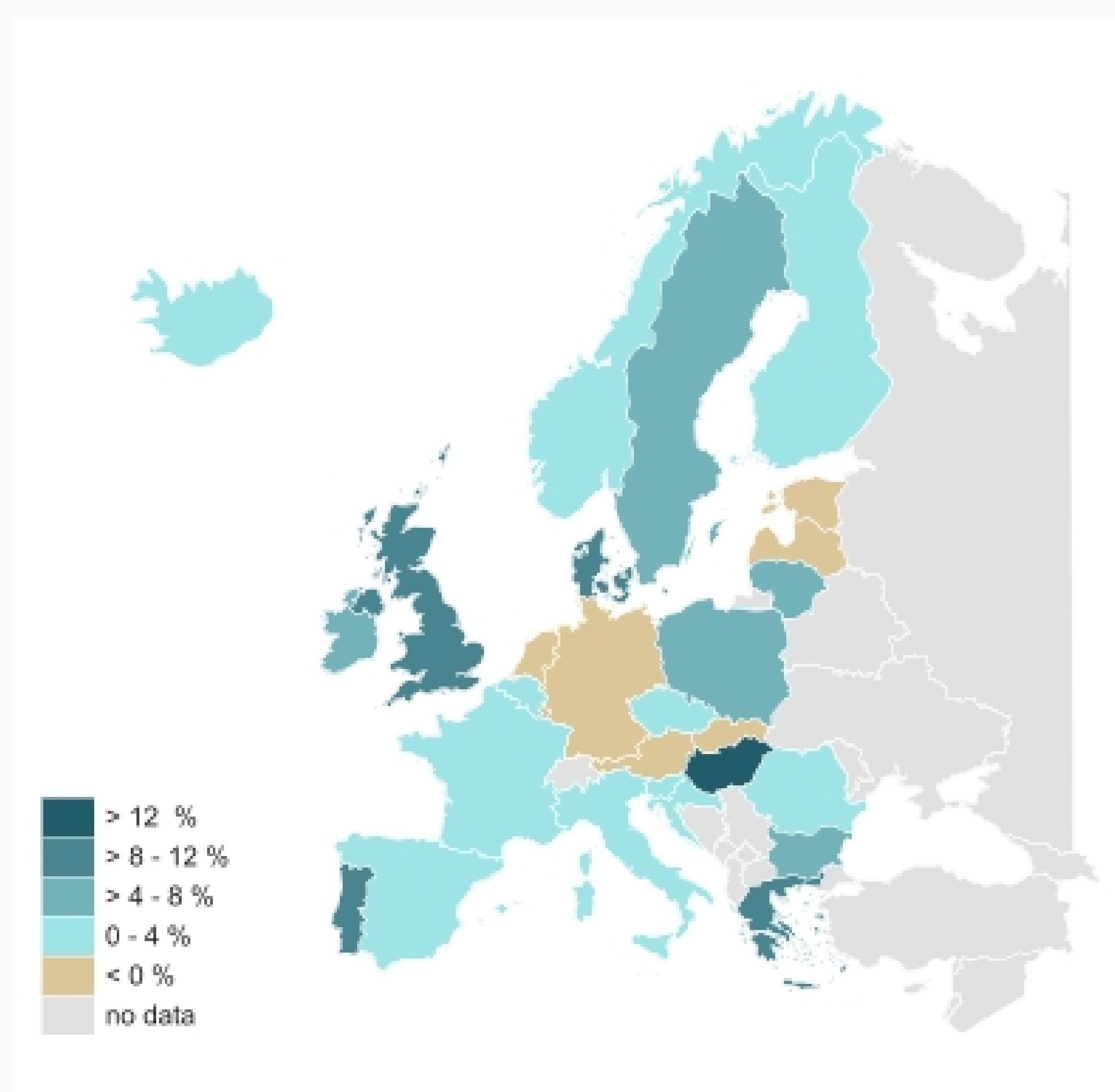
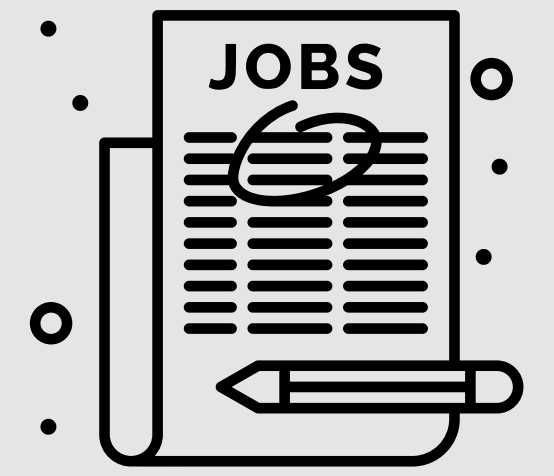


Fig. 6 % point difference in NEET status between young adult carers & non-carers.
Source: European Health Interview Survey 2019

In the UK and Germany, longitudinal data was used to find out if young adult carers were less likely to enter and/or leave work compared to their peers without caring responsibilities. In both countries, young adult caring reduced the likelihood of entering work⁵. Young adult carers in Germany were 21% less likely to enter work than their peers. Young adult carers in the UK were 11% less likely to enter work.

In the UK the researchers additionally found that young adult carers who were caring for 10 or more hours per week were 31% less likely to enter work than their peers. The same was not true for Germany.⁵ In both countries young adult carers who had been caring for at least 2 years were particularly less likely to enter work than their peers; in Germany, 39% less likely and in the UK, 13% less likely.⁵

Young adult carers who have been caring for at least 2 years or providing 10+ hrs/week of care are **less likely to enter work** than their peers



Jade

Jade is 17. She lives with her Mum and younger sister Kyra in the West Midlands, UK. Jade cares for Kyra, who has multiple and complex physical and learning disabilities from birth. Jade's Mum has long-term mental health difficulties and has had periods of not being able to work or care for Kyra.

Jade sometimes must care for her Mum too when she is very depressed. Jade's Mum is working as a domestic assistant in the local hospital. Jade is at college and has a part-time job in the local takeaway.

Jade's college attendance has at times been erratic. However, her Head of school Year has taken her situation very seriously and has put in a package of pastoral support that has been helpful. Jade would like to go to university next year, ideally to study modern languages in Sheffield but this would mean living away from home during term-time and a placement year abroad. Jade is worried about how her Mum would cope without her and feels guilty about the prospect of leaving Kyra in such an unstable and unpredictable environment. Jade is also worried about leaving university with student debt, especially if her degree is not in something that can be applied. Jade is thinking of narrowing her ambition and either not going to university at all, or going in her home town so that she can continue to care for Kyra and live at home to minimize expenses. If she does go, she is thinking of changing her course to social work so that she has more of a guaranteed route into work at the end of her studies.

Jade would love to spend more time with her friends. Money and time are both tight and she supports Kyra at home a lot in the evenings and weekends when she's not at work, so spending time just for her feels impossible and would only make Jade feel guilty.

Acknowledgements

The Eurocare project was supported by funding within the JPI MYBL from the following national funding bodies: the UK Economic and Social Research Council (ES/W001454/1), The German Federal Ministry of Education and Research (16SV8702), The Research Council of Norway (327659), and The Spanish Ministry of Science, Innovation (PCI2021-121983).



Cite this as:

The Eurocare Team (2024) Young Adult Caring in Europe. DOI:10.5281/zenodo.11199318

Find out more:

<https://www.ucl.ac.uk/epidemiology-health-care/research/epidemiology-and-public-health/research/eurocare-inequalities-informal-caregiving-over-1>

References

1. Brimblecombe N, Knapp M, King D, Stevens M, Cartagena Farias J. The high cost of unpaid care by young people: health and economic impacts of providing unpaid care. *BMC Public Health*. Published online 2020. doi:10.1186/s12889-020-09166-7
2. Almeida P, Lacey R, Xue B, Di Gessa G, McMunn A. Inequalities and changing prevalence of care in Europe across the adult life-course: Evidence from the European Health Interview Survey. *Forthcoming*.
3. INED. Life expectancy at birth in Europe and other developed countries. https://www.ined.fr/en/everything_about_population/data/europe-developed-countries/life-expectancy/.
4. Di Gessa G, Xue B, Lacey R, McMunn A. Young Adult Carers in the UK: New Evidence from the UK Household Longitudinal Study. *Int J Environ Res Public Health*. 2022;19(21):14076. doi:10.3390/IJERPH192114076
5. King MK, Xue B, Lacey R, et al. Does young adulthood caring influence educational attainment and employment in the UK and Germany? *J Soc Policy*. Published online October 19, 2023:1-21. doi:10.1017/S0047279423000454
6. Xue B, Lacey RE, Di Gessa G, McMunn A. Does providing informal care in young adulthood impact educational attainment and employment in the UK? *Adv Life Course Res*. 2023;56:100549. doi:10.1016/j.alcr.2023.100549
7. Lozano M, Van Damme M, Renteria E, et al. Setting the scene: cross-sectional country comparisons of associations between young adult care and education, employment, and health outcomes in Europe. *Forthcoming*.
8. Rentería E, Lozano M, Spijker J. The consequences of caring on health during early adulthood in Spain. *J Youth Stud*. Published online November 13, 2023:1-17. doi:10.1080/13676261.2023.2280850
9. Lacey RE, Xue B, Di Gessa G, Lu W, McMunn A. Mental and physical health changes around transitions into unpaid caregiving in the UK: a longitudinal, propensity score analysis. *Lancet Public Health*. 2024;9(1):e16-e25. doi:10.1016/S2468-2667(23)00206-2
10. Xue B, King M, Deindl C, Lacey R, Di Gessa G, McMunn A. Do Health and Well-Being Change Around the Transition to Informal Caring in Early Adulthood? A Longitudinal Comparison Between the United Kingdom and Germany. *Journal of Adolescent Health*. Published online January 2024. doi:10.1016/j.jadohealth.2023.11.398
11. Lacey RE, Di Gessa G, Xue B, McMunn A. Inequalities in associations between young adult caregiving and social relationships: Evidence from the UK Household Longitudinal Study. *J Adolesc*. 2023;95(7):1293-1310. doi:10.1002/jad.12202