

Spotlight on Kinship Care

**Using Census microdata to examine the extent and nature of
kinship care in the UK at the turn of the Twentieth century**

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CHAPTER 1 INTRODUCTION	1
Defining kinship care	2
The Legal framework in England, Wales and Northern Ireland	2
The Legal framework in Scotland	3
Routes into kinship care	3
Financial and other support to carers in England	5
What is known about existing numbers of children living in kinship care?	6
CHAPTER 2 RESEARCH DESIGN AND METHOD	8
Design	8
The Population Census	8
The Controlled Access Microdata	11
Children looked After by Local Authorities in formal kinship care	13
Limitations of the study	15
CHAPTER 3 CHILDREN LIVING IN KINSHIP CARE IN THE UK IN 2001	17
Estimates of the extent of kinship care in 1991	17
Estimates of kinship care in 2001	19
Estimates of the extent of informal kinship care in the UK in 2001	21
CHAPTER 4 CHILDREN LIVING IN KINSHIP CARE IN ENGLAND	24
The age and gender of children living in kinship care in England	27
The ethnicity of children living in kinship care	29
Children’s Relationship to their KIn carers	35
Household Poverty and deprivation	36
CHAPTER 5 CHILDREN IN KINSHIP CARE IN SCOTLAND IN 2001	43

Scotland	43
Age and gender of children in kinship care in scotland	45
Ethnicity of children in kinship care in Scotland	47
Child's Relationship to their kin carers	49
Household poverty and deprivation	50
CHAPTER 6 CHILDREN IN KINSHIP CARE IN WALES IN 2001	55
The age and gender of children living in kinship care in Wales	56
Ethnicity of Children in Kinship care In wales	57
Child's Relationship to their kin carers	62
CHAPTER 7 CHILDREN IN KINSHIP CARE IN NORTHERN IRELAND	67
Age of children in kinship care in Northern Ireland	68
Ethnicity	70
Children's Relationship to their kin carers	72
Household poverty and deprivation	73
CHAPTER 8 KINSHIP CARERS IN ENGLAND IN 2001	77
Kinship carers in England	78
CHAPTER 9 KINSHIP CARERS IN SCOTLAND	92
CHAPTER 10 KINSHIP CARERS IN WALES	103
CHAPTER 11 CONCLUSIONS	114
Aims and method	115
The number of Children living in kinship care in the UK 2001	116
Children in Kinship Care	119

the Children’s relationship to their Kinship carers	121
Kinship carers with a Limiting long-term illness or disability	124
Multiple deprivation	129
Differences between the UK countries	130
References	134
Appendix 1: Key Terms and Definitions	137
Appendix 2: Children in Kinship care: numbers and prevalence disaggregated by age and gender, England, Wales and Scotland, 1991	139
Appendix 3: Prevalence rates of KINSHIP CARE by local authority in 2001	140
Appendix 4: Number and distribution of all children in England by ethnic group and region, 2001	150
Appendix 5: Prevalence rates (%) of kinship care among children in England, Scotland, Wales and Northern Ireland by Occupational Social Class of HRP, 2001	152
Appendix 6: Regression results	153
Appendix 7: Numbers of Household reference persons by gender, 2001	157
Appendix 8: Country of birth of kinship carers in England, 2001	158
Appendix 9: Further information on Children living with Carers	159
Appendix 10: Kinship care by ethnicity in England in 2001, disaggregated ethnic groupings.	167

LIST OF TABLES

Table 2.1: The Samples of Anonymised Records, 2001	11
Table 4.1: Children Living in Kinship Care in England, by Region, 2001	24
Figure 4.2: Prevalence of Kinship Care in London, 2001	26
Table 4.3 Kinship Care in England by Child’s Age Group, 2001	28
Table 4.4 The Ethnicity of Children in Kinship Care and the General Child Population by Numbers and Percentage in England 2001	30
Table 5.1: Kinship Care in Scotland, by Age Group, 2001	46
Table 5.2: Kinship Care Population in Scotland, by Ethnicity, 2001	47
Table 6.1: Kinship Care in Wales, by Age Group, 2001	56
Table 6.2: Kinship Care Population in Wales by Ethnicity, 2001	58
Table 7.1: Kinship Care in Northern Ireland, by Age Group, 2001	69
Table 7.2: Kinship Care Population in Northern Ireland by Ethnicity, 2001	70
Table 7.3: Distribution (%) of Children in Kinship Care and all Children in Northern Ireland, by Age, Gender and Ethnicity, 2001	71
Table 8.1: Mean Age of Parents and Kinship Carers in England, by Gender, 2001	79
Table 8.2: Number of Parents and Kinship Carers by Ethnicity, England 2001	81
Table 8.3: Marital Status of Parents and Kinship Carers in England, 2001	83
Table 8.4: Co-habiting Status of Parents and Kinship Carers by Gender, England 2001	84
Table 8.5: IMD Income Deprivation Distribution among Parents and Kinship Carers, England 2001	85
Table 8.6: Occupational Social Class of Parents and Kinship Carers by Gender, England, 2001	87
Table 8.7: Proportion of Parents/Kinship Carers with No Educational/Professional Qualifications, England 2001	88
Table 8.8: Proportion of parents and kinship carers reporting a limiting long-term illness or disability by gender, England 2001	89
Table 9.1: Mean Age of Birth Parents and Kinship Carers in Scotland, by Gender, 2001	93
Table 9.2: Marital Status of Parents and Kinship Carers in Scotland, 2001	95
Table 9.3: Marital Status of Parents and Kinship Carers in Scotland, 2001	96
Table 9.4: Index of Multiple Deprivation:Income quintile distribution among parents and kinship carers, Scotland 2001	97
Table 9.5: Occupational Social Class of Parents and Kinship Carers by Gender, Scotland, 2001	99
Table 9.6: Proportion of Parents/Kinship Carers with No Educational/Professional Qualifications, Scotland 2001	100

Table 9.7: Proportion of parents and kinship carers reporting an a limiting long-term illness or disability by gender (LLTI) by gender, Scotland 2001	101
Table 10.1: Mean Age of Parents and Kinship Carers in Wales, by Gender, 2001	104
Table 10.2: Number and Distribution of Parents and Kinship Carers by Ethnicity, Wales 2001	106
Table 10.3: Marital Status of Parents and Kinship Carers in Wales, 2001	107
Table 10.4: Co-habiting Status of Parents and Kinship Carers by Gender, Wales 2001	108
Table 10.5: IMD Income Quintile Distribution among Parents and Kinship Carers, Wales 2001	109
Table 10.6: Occupational Social Class of Parents and Kinship Carers, Wales, 2001	110
Table 10.7: Proportion of Parents/Kinship Carers with No Educational or Professional Qualifications, Wales 2001	111
Table 10.8: Proportion of Parents and Kinship Carers Reporting an LLTI by Gender, Wales 2001	111

LIST OF FIGURES

Figure 3.1: Prevalence of kinship care among children in England, Scotland, Wales and Northern Ireland in 2001	20
Figure 4.1: Prevalence of Kinship Care in England, 2001	25
Figure 4.2: Age Distribution of the Child Population and Children in Kinship Care in England	27
Figure 4.3: Prevalence Rates of Kinship Care in England, by Age and Gender, 2001	28
Figure 4.4: Distribution of Children in Kinship Care and all Children in England, by Age and Gender	29
Figure 4.5: Prevalence Rates of Kinship Care in England by Ethnicity, Age and Gender	31
Figure 4.6: Distribution (%) of Children in Kinship Care and all Children in England, by Age, Gender and Ethnicity, 2001	33
Figure 4.7: Ratio of Children in Kinship Care to all Children by Age, Gender and Ethnicity, England,	34
Figure 4.8: Relationship of Children to Kinship Carer in England, 2001 (N=143,367)	35
Figure 4.9: Prevalence Rates of Kinship Care by IMD Income Quintile, England 2001	37
Figure 4.10: Distribution of Children in Kinship Care and % of all Children by IMD Income Quintile, England, 2001	38
Figure 4.11: Prevalence Rates of Kinship Care by Occupational Social Class of the Household Reference Person, England, 2001	39
Figure 5.1: Prevalence of Kinship Care among Children in Scotland, 2001	44
Figure 5.2: Age Distribution of the Child Population and Children in Kinship Care in Scotland	45
Figure 5.3 Distribution (%) of Children in Kinship Care and all Children in Scotland, by Age and Gender, 2001	46
Figure 5.4: Prevalence Rates (%) of Kinship Care in Scotland by Ethnicity, Age and Gender	48
Figure 5.5: Distribution (%) of Children in Kinship Care and all Children in Scotland, by Age, Gender and Ethnicity, 2001	48
Figure 5.6: Ratio of Children by Age, Gender and Ethnicity in Kinship Care to all Children, Scotland	49

Figure 5.7: Relationship of Children to Kinship Carer, Scotland, 2001 (N=15,433)	50
Figure 5.8: Prevalence Rates of Kinship Care by IMD Income Quintile, Scotland, 2001	51
Figure 5.9: Distribution of Children in Kinship Care and all Children by IMD Income Quintile, Scotland, 2001	51
Figure 5.10: Prevalence Rates of Kinship Care by the Occupational Social Class of the Household Reference Person, Scotland 2001	52
Figure 6.1: Prevalence (per 1000 children) of Kinship Care among Children in Wales, 2001	55
Figure 6.2: Age Distribution (%) of the Child Population and Children in Kinship Care in Wales, 2001	56
Figure 6.3: Distribution (%) of Children in Kinship Care and all Children in Wales, by Age and Gender, 2001	57
Figure 6.4: Prevalence Rates of Kinship Care in Wales by Ethnicity, Age and Gender, 2001	59
Figure 6.5: Distribution (%) of Children in Kinship Care and all Children in Wales, by Age, Gender and Ethnicity, 2001	60
Figure 6.6: Ratio of Children in Kinship Care to all Children by Age, Gender and Ethnicity, Wales, 2001	61
Figure 6.7: Relationship of Children to Kinship Carer, Wales, 2010 (N=9,200)	62
Figure 6.8: Prevalence Rates of Kinship Care by IMD Income Quintile, Wales, 2001	63
Figure 6.9: Distribution of Children in Kinship Care and all Children by IMD Income Quintile, Wales, 2001	63
Figure 6.10: Prevalence Rates by Occupational Social Class of HRP, Wales, 2001	64
Figure 7.1: Prevalence of Kinship Care among Children in Northern Ireland, 2001	67
Figure 7.2: Age Distribution (%) of the Child Population and Children in Kinship Care in Northern Ireland, 2001	68
Figure 7.3: Distribution of Children in Kinship Care and all Children in Northern Ireland, by Age and Gender, 2001	69
Figure 7.4: Prevalence Rates of Kinship Care by Age, Gender and Ethnicity in Northern Ireland 2001	70

Figure 7.5: Ratio of Children in Kinship Care to all Children by Age, Gender and Ethnicity in Northern Ireland, 2001	72
Figure 7.6: Relationship between Child and Kinship Carer, Northern Ireland, 2001 (N=5,200)	73
Figure 7.7: Prevalence Rates of Kinship Care among Children by Occupational Social Class of HRP, Northern Ireland, 2001	74
Figure 8.1: Distribution of Kinship Carers in England, 2001 (N=117,100)	78
Figure 8.2: Age distribution (%) of parents and kinship carers, England 2001	80
Figure 8.3: Distribution of Parents and Kinship Carers by Ethnicity, England 2001	82
Figure 8.4: IMD Income Deprivation Quintile: Distribution by Parents and Kinship Carers, England 2001	86
Figure 9.1: Distribution of Kinship Carers in Scotland, 2001(N=9,800)	92
Figure 9.2: Mean Age of Parents and Kinship Carers in Scotland, 2001	94
Figure 9.3: IMD Income Quintile Distribution by Parents and Kinship Carers, Scotland 2001	98
Figure 10.1: Distribution of Kinship Carers in Wales, 2001 (N=7,400)	103
Figure 10.2: Age Distribution of Parents and Kinship Carers, Wales 2001	105
Figure 10.3: IMD Income Quintile Distribution by Parents and Kinship Carers, Wales 2001	109

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Chapter 1 Introduction

In the UK, there is a long history of children being brought up by relatives or friends (who in this report will be termed kinship carers). Until recently, very little was known about kinship care arrangements. Studies (Aldgate and McIntosh, 2006, Farmer and Moyers, 2008, Hunt et al., 2008, Ince, 2009) have begun to illuminate the circumstances that lead to children living with family or friends, and the impact of these arrangements on carers and children. However, most research has focused on looked after children placed with relatives or friends who have been approved as formal kinship foster carers by Children's Services. Much less is known about the informal arrangements for children's full-time care made between a parent and a relative or friend. It is thought that informal arrangements make up the majority of kinship arrangements, but there remains a great deal of uncertainty about the extent to which kinship care is used.

The number of children living with relatives and friends is believed to have been growing, partly because of the changing nature of family life (DCSF, 2010), growing problems with parental substance misuse (Aldgate, 2009) and the increasing prison population (DCSF and Ministry of Justice, 2007). Moreover, in recent times a number of legislative and other changes have been introduced to encourage the use of formal kinship care. The requirement to give preference to a placement with a family member was enshrined in the Children Act 1989 (Sec 23 (2) ii) and reinforced by the amendments to the Act in 2011 (Sec 22c), the Adoption and Children Act 2002 and the Children and Young Persons Act 2008. And under the Public Law Outline, the potential of care by kin needs to be considered (before care proceedings are brought) and included in the initial care plan to be put to the court. These changes, together with the introduction of Special Guardianship Orders, have led to an increase in the use of formal kinship care. However, while there is much conjecture about the nature of kinship care, there has been little hard evidence.

This BIG Lottery funded study aimed to address some of these gaps in knowledge. In the first part of the study, reported here, the Population Census was used to provide a description of the numbers of children living with relatives and the characteristics of their carers. Before reporting these findings it is important to consider what is meant by 'kinship care', the UK legal and policy frameworks and previous estimates of the prevalence of kinship care.

DEFINING KINSHIP CARE

A central aim of this project was to assess the extent of children living in kinship care in the UK and in particular to estimate the numbers of children who were living in informal kinship care. The term 'kinship care' is understood differently throughout the world. In Western societies biogenetic inheritance plays an important part in defining who kin are: the idea that kin are defined by 'shared blood'. In other parts of the world, this view does not hold. Godparents, clans, and even neighbours can all be seen as kin, and in some cultures parents *prefer* to have their children brought up by another family who are not related (Bowie, 2004). While accepting that there are many understandings of the term 'kinship', working definitions of 'informal' and 'formal' kinship care were required for this study but definitions too have varied.

In the US, formal kinship care has been defined as "*care provided by relatives as foster care under the auspices of the state*" with all other types of kinship care described as informal (Harden, 1997). However, US researchers (e.g. Messing 2006: 1416) have also used the term 'formal kinship care' to encapsulate other arrangements describing formal kinship care as "*under the supervision of a child welfare agency*".

In the UK, the complexity of determining what is or is not *formal* kinship care is partly due to the fact that the four countries of the UK have different definitions of what constitutes a 'relative'. It is also the case that children can find themselves living with relatives for a range of different reasons, only some of which are the result of official arrangements such as Court Orders.

THE LEGAL FRAMEWORK IN ENGLAND, WALES AND NORTHERN IRELAND

Providing that the carers are relatives of the child as defined by law, when such a child moves to live with them there is *no requirement to notify the local authority* of the arrangement. It is believed that most informal kinship arrangements are of this type.

However, if the carer is not a step-parent, grandparent, sibling, uncle or aunt (full, half, or by a civil partnership) and the child is under 16 years of age (or 18 years if disabled) AND the placement lasts longer than 28 days, the arrangement falls within the definition of private fostering in the Children Act (1989), the Children (Northern Ireland) Order 1995 and the Children (Private Arrangement for Fostering) Regulations 2005. Cousins do not fall within

the definition of a relative. Indeed, the definition of 'relative' focuses on the close blood and/or legal tie to the child. Adults who are living together (outside of a marriage or civil partnership) are not relatives. So, for example, a child could be living with an aunt and her partner. If the aunt died, the partner would be expected to notify the local authority. It is therefore possible for carers to be private foster carers and also kinship carers.

THE LEGAL FRAMEWORK IN SCOTLAND

In Scotland, the Guidance on Looked after Children (Scotland) 2009 states that many kinship arrangements are informal because the child does not have a legal relationship with a local authority. Regulations do not apply to informal arrangements. The kinship care arrangements which do need to be formally recognised are where the child is "looked after" by a local authority and the local authority is providing accommodation under s25 of the Children (Scotland) Act 1995 or a child is subject to a supervision requirement in terms of s70 of the 1995 Act. A kinship carer is defined as a:

- ❖ person related to the child by blood, marriage or civil partnership with no restrictions on closeness of that related status;
- ❖ person known to the child and with whom the child has a pre-existing relationship. This could include close friends or people who know the child well through regular contact and can be seen as part of the child's network.

Therefore, cousins, more distant relatives and friends fall within the Scottish definition of a kinship carer.

ROUTES INTO KINSHIP CARE

In the UK, (although legal orders differ in the four countries) kinship arrangements can be:

- ❖ An informal arrangement with a close relative;
- ❖ A private fostering arrangement;
- ❖ As a 'looked after child' placed formally with kinship foster carers;
- ❖ Made through a Residence Order or Special Guardianship Order.
- ❖ Made through arrangements which might lead to an Adoption Order;

Draft guidance issued in England has tried to reflect these varying circumstances in defining family and friends care as:

relatives, friends and other people with a prior connection with somebody else's child who are caring for him or her full-time (Department for Education, 2011: 4).

However, even this definition does not reflect the whole range of circumstances whereby children find themselves living with relatives. For example, some children are placed with, or move to live with relatives where there is no prior relationship or connection (Selwyn et al., 2010). Children can move to live with relatives who are effectively strangers to them.

These various routes into kinship care sometimes involve the approval of Children's Services. This might be thought of as 'formal kinship care'. Social workers can be involved in arranging the placement and/or assessing the suitability of the placement, if the carers later apply for a Residence, Special Guardianship or Adoption Order. However, the distinction between kinship arrangements that have been 'approved' by Children's Services and those that have not is sometimes blurred. For example, children can move to live with kin as the result of a Family Group Conference. The local authority has a duty to arrange such conferences as part of the pre-proceedings phase of the Public Law Outline. They may refer a family to another agency for a Family Group Conference and agree the subsequent plan, but may have had *no direct* involvement in making the placement. The Family Rights Group (Roth and Ashley, 2010) have also reported that sometimes social workers encourage kin to care for a child, without any court proceedings and sometimes without the parent's involvement. Such placements often occur in the context of children protection enquiries and are to avoid the child becoming 'looked after'. Often these arrangements become long-term by default. The authority does not remain involved as the arrangement is viewed as a private one and the child is considered as never having been 'looked after'. However, the Court of Appeal has ruled that in such circumstances the child should be considered to be 'looked after' and that avoiding the payment of fostering allowances and support is unlawful¹. Nevertheless, such arrangements continue to occur.

Children in kinship care arrangements can also be considered 'in need' and receive support (either short term or regularly) from Children's Services under section 17 of the Children Act

¹ Southwark LBCvD (2007) 1FLR 2181; R (on the application of A) Coventry City Council (2009) EWHC 34 (Admin) ; R (Collins) v Knowsley MBC EWHC 2551 (Admin QBD) Family Law Dec 2008, p1270.

(1989). The increasing use of the Common Assessment Framework by other support services has also led to a blurring of the boundaries between those receiving assistance from Children's Services under Section 17 of the Children Act (1989) and those receiving universal service provision (Holmes et al., 2010).

As can be seen, the boundaries between 'formal' and 'informal' kinship care are not clear cut. However, in this report of our analysis of Census data, formal kinship care will only include children who were looked after by local authorities *and* who were living with approved kinship foster carers. This distinction has been determined by the kind of data collected by the Census and will be described in more detail in the methods chapter.

FINANCIAL AND OTHER SUPPORT TO CARERS IN ENGLAND

The distinction between types of kinship care becomes particularly important in relation to entitlement to support. Children who have been looked after and whose relatives or friends become approved foster carers are entitled to receive the same financial and other support as unrelated foster carers. The child is also entitled to support from the local authority when they leave care, provided they meet the criteria outlined in the Children (Leaving Care) Act 2000. However, there have been a number of cases where local authorities have paid approved kinship foster carers at lower rates than stranger foster carers. This discrimination has been found to be unlawful² and approved kinship foster carers should receive the same basic rates of fostering allowances as other foster carers and the child should receive support under the Leaving Care Act.

In contrast, those carers bringing up children who are on a Residence Order, Special Guardianship Order or Adoption Order are dependent on discretionary means-tested allowances and these are usually lower than those received by foster carers. Allowances paid under section 17 of the Children Act have also been found to be especially low (Farmer and Moyers 2008). It is also known that there is great variability in the amount paid and support provided by local authority area and by the type of applicant (Wade et al., 2010). Moreover, Children's Services often refuse to give any financial support if a relative or friend takes on a child without Children's Services' involvement.

² The Queen on the application of L and others v Manchester City Council (2002) 1 FLR 43

Carers without a legal order and who are not approved foster carers are expected to get financial support for the child from the birth parents. The parents have the legal responsibility for supporting the child (s.1 Child Support Act 1991) although many parents are not in a position to do so. Where there is no support from birth parents, kinship carers have to rely on their own financial resources, state benefits (universal such as child benefit or means-tested such as child tax credits) or discretionary support from the local authority if the child is assessed as 'in need'. In addition, carers may struggle even to claim child benefit if the parent fails or refuses to notify the authorities that the child's address and main carer have changed (Selwyn and Saunders, 2006, Saunders and Selwyn, 2008). Local authorities have expressed concern that regular financial support provided under section 17 is propping up an inadequate benefits system and creating a two-tier system for kinship carers and there is uncertainty about how such payments should be calculated. Yet there is considerable evidence that kinship carers often experience financial difficulties (for example Berrick et al., 1994, Broad and Skinner, 2005, Farmer and Moyers, 2008). Concerns have been expressed that informal kinship carers may be a particularly disadvantaged group.

WHAT IS KNOWN ABOUT EXISTING NUMBERS OF CHILDREN LIVING IN KINSHIP CARE?

Very little is known about the numbers and characteristics of children living with relatives and friends. Few estimates exist of the number of children living in such arrangements, and the Family Rights Group has noted:

there has been no large-scale research to determine the numbers of children who are being brought up in households that are not those of their parents... (Richards and Tapsfield, 2003: 5).

The only numbers known with some certainty are those who are looked after by approved family and friends foster carers. In the year ending March 31st 2010, there were 7,200 such children in England, 3,000, in Scotland, 805 in Wales. In 2009, there were 467 children looked after by family in Northern Ireland.³ These figures suggest an approximate total of 11,472 children living in formal kinship care in the UK.

³ Data for Northern Ireland for 2010 were not available. The data for 2009 are taken from Table 3.3 of Children Order Statistical Tables for Northern Ireland (2008/09), Northern Ireland Statistics and Research Agency, Belfast, www.dhsspsni.gov.uk/children_order_statistical_tables_for_northern_ireland_2008_09_final-2.pdf

The Office for National Statistics (ONS) made an estimate of the total extent of kinship care in the UK. Using data from the 2001 census, they found that

...In 2001, 139,000 children were living in non-family households in the UK, this includes living with adults or other relatives who are not their parents... (Smallwood and Wilson, 2007: 11).

The Family Rights Group produced higher estimates of between 200,000 and 300,000 children living in kinship care and noted:

*...Although we must be cautious about estimating the total number of households with children under 18 being brought up by a grandparent, relative or friend, it is likely to run into the 200,000 to 300,000 mark. **This figure includes children who are living temporarily with family and friends and children who could live with their parents...** (Richards and Tapsfield, 2003: 5) (emphasis added).*

One reason for the difference in estimates (i.e. 139,000 versus 200,000) is that Richards and Tapsfield included temporary arrangements in their calculations.

In Scotland, the 2005/6 Scottish household survey provided a proxy estimate of the number of children in kinship care. It estimated that 9,000 children were in such households. Around 2,000 of these were looked after children, leaving about 7,000 in informal kinship arrangements. However, the authors reported that there remained a great deal of uncertainty about the reliability of these numbers (Scottish Government, 2009).

That the estimates differ is less important than the fact that there are considerable numbers of children in the UK growing up with adults who are not their parents. When this information is combined with children who are 'looked after' formally in foster care, it is quite apparent that most kinship care in the UK is informal in nature, and therefore more likely to be invisible to official view. It is widely believed that children living in informal kinship care are growing in number and that their carers are a disadvantaged group. The next chapters describe how the data from the Population Census were used to estimate the numbers of children living in kinship care in the UK and how the Census data were used to provide a picture of the characteristics of both the children and the kin carers.

Chapter 2 Research Design and Method

The previous chapter explored how definitions and boundaries of formal and informal kinship care are not static or clear cut. It also set out why research on children living in kinship care arrangements is needed. This research was funded to fill in some of the gaps in knowledge of kinship care and to utilize data from the Population Census to:

- ❖ Provide information on the prevalence of informal and formal kinship care in the UK, by country and by region.
- ❖ Describe the characteristics of carers and children living in kinship care and the type and quality of their housing.
- ❖ Provide a much improved basis for developing national and local policy and practice in the area of kinship care.

Due to the way relationships were categorised in the Census, formal kinship care was defined in this study as those children who were 'looked after' by family and friends carers who were approved foster carers. All other arrangements will be described as informal.

DESIGN

The study used Population Census data that had been collected in 2001 in England, Northern Ireland, Scotland and Wales. Analyses of these data provided a total estimate of children cared for by relatives. However, this study's focus was on understanding more about the 'informal' kinship group and therefore data were requested on children 'looked after' by kinship foster carers from the government departments in the four countries. By subtracting the numbers of children 'looked after' formally by kin foster carers from the total number of children in kinship care, we intended to provide more reliable estimates of formal and informal kinship care. In addition, we were also interested in whether there had been an increase in kinship care. To consider this, data from the 1991 Population Census data was used to examine changes over the ten year period between 1991 and 2001.

THE POPULATION CENSUS

Censuses provide the most representative and best data about a country's population, demographics and distribution. The UK Censuses of Population are questionnaire surveys of the entire UK population and have been carried out every 10 years. Data are collected on

each individual in every household in the country, and it is a criminal offence not to return a census form or to provide inaccurate information. It has been estimated that 94% of the population completed the 2001 Census (ONS, 2005). The Census aims to gather information about people and households on topics such as age, gender, ethnicity, employment, occupation, qualifications, social and occupational class, family structure, housing tenure and condition, and migration.

In the UK, there are separate statistical offices for England and Wales, Scotland and Northern Ireland and the Registrar General in each of the offices has responsibility for the content and conduct of the census of population for that country. Therefore, each office makes its own decisions over the questions to be asked and the methods to be used to produce outputs. Whilst the objective has been to ask mainly the same questions across the United Kingdom, there are a number of differences resulting from the specific requirements of each country. How the differences affected this study of kinship will be described later.

HOUSEHOLD REFERENCE PERSON

In the Census 2001, a relationship matrix was completed for each household with one person defined as the 'Household reference person' (HRP). In a household where there was only one adult, they were automatically assigned to be the HRP. The HRP is an important classification, because everyone living in the household has their relationship described in relation to the HRP. For example, the daughter, the wife, the partner of the household reference person. In a household where there was only one family, the HRP was chosen on the basis of their *economic activity* (in the following priority order; full-time job, part-time job, unemployed, retired, other). If a couple had the same economic activity, the HRP was identified as the older of the two or, if they were of the same

Census Definitions

Family A group of people consisting of a married or cohabiting couple with or without child(ren), or a lone parent with child(ren). It also included a married or cohabiting couple with their grandchild(ren) or a lone grandparent with his or her grandchild(ren) where there are no children in the intervening generation in the household.

Household A household was defined as one person living alone, or a group of people (not necessarily related) living at the same address with common housekeeping - that is, sharing either a living room or sitting room or at least one meal a day.

Dependent child

A person aged 0-15 in a household (whether or not in a family) or aged 16 – 18, in full-time education and living with his or her parents.

age, the first member of the couple on the form. However, some households contained more than one family. These may have been unrelated or multigenerational families. In these cases the HRP was chosen using the same criteria as for a family. The person in the household with the greatest economic activity was identified as the HRP. This relationship grid allowed us to clarify whether or not a child's parents were present within a household and the relationship of the HRP to the child.

ACCESS TO CENSUS DATA

The Registrars General have a legal obligation not to reveal information collected in confidence in the Census about individual people and households, and have given public assurances about what this means in practice. The overriding concern is to ensure that public trust in the confidentiality of the Census is not undermined and all possible steps are taken to prevent the inadvertent disclosure of information about identifiable individuals and households. In this study, to ensure confidentiality no cells containing less than 25 individuals or households will be presented.

The Census data are available to researchers in a number of ways, depending on whether the research is concerned with trends, geographical mapping or in description. One of the ways the Office of National Statistics (ONS) provides access to Census data is via the NOMIS database⁴. NOMIS provides detailed population data in a variety of formats, including at local authority level, disaggregated by age and gender. In this study we also needed to access the *Samples of Anonymised Records (SARS)*.⁵ These records contain several datasets and are shown in Table 2.1.

⁴ www.nomisweb.co.uk

⁵ www.ccsr.ac.uk/sars/

Table 2.1: The Samples of Anonymised Records, 2001

Name	Acronym	Coverage	Variables
Individual Licence Sample of Anonymised records	IL-SAR	1.8 million people 3% of the UK population	80 including ethnic group, religion, occupation, age, regional geography Individual level data
Special Licence Household SAR	SL-HSAR	200,000 households 1% sample Only England and Wales	40 variables plus derived variables No geography Linkage between individual and household
Small area microdata	SAM	3 million people 5% of the UK population	Local authority level identified. Broader banding to preserve confidentiality. Fewer variables than SARS
Individual controlled access microdata samples	I-CAMS	1.8 million individuals 3% sample	Local authority geography level
Household controlled access microdata samples	HH-CAMS	255,813 households 1% sample	More detailed than SL-HSAR

The only datasets that met our requirements were the Controlled Access Microdata samples since these were the only two datasets which provided the complete range of information and contained key variables on household composition and geographic location. Access was granted to view both the individual CAMS (I-CAMS)⁶ and the Household CAMS (HH-CAMS)⁷ data in a secure setting.

THE CONTROLLED ACCESS MICRODATA

Two of the CAMS data sets were used in the analysis and each are described below.

INDIVIDUAL CAMS 2001 (I-CAMS)

The 2001 I-CAMS contains data on 1,843,530 individuals, including 416,349 children (0-17 years) and 1,427,181 adults (18+ years). The I-CAMS dataset contains variables which identify whether or not an individual is the child of any other household member and is usually resident in the household. The variable, "HCHILD",⁸ can be used in conjunction with

⁶ www.ccsr.ac.uk/sars/2001/indiv-cams/

⁷ www.ccsr.ac.uk/sars/2001/hhold-cams/

⁸ Thanks to Joan Holland of ONS (Titchfield) for details on how the variable "HCHILD" was derived.

other variables to identify children who are living with relatives and whose parents are *not* household members. A child's relationship to the household reference person (HRP) was ascertained using the variable "RELTOHR". This latter variable lists relationships to the HRP. The I-CAMS only contains data at the individual level and does not provide a household-level identifier. As such, this requires analysis of the household level controlled access microdata (HH-CAMS) as only by using the HH-CAMS can household members be linked together.

HOUSEHOLD CAMS 2001 (HH-CAMS)

The HH-CAMS contains a complete household relationship matrix which allows children living in kinship care arrangements to be identified in exactly the same way as in the I-CAMS. The same variables and relationships were used to identify children in kinship care in this database. The HH-CAMS sample covers the same population as the I-CAMS, and includes a number of household-level variables (e.g. housing tenure and number of cars) and more detailed versions of variables than those found in the publicly available versions of the SARs. It also includes a number of derived variables. These are calculated based on information from more than one other field. For example, the Index of Multiple Deprivation had been created using seven domains of deprivation: Income deprivation, Employment deprivation, Health deprivation and disability, Education, skills and training deprivation, Barriers to Housing and Services, Living environment deprivation and Crime.

In this study the following relationships to the HRP were included for analysis from the CAMS datasets:

- ❖ Grandchild
- ❖ Brother or sister
- ❖ Other related (aunts, uncles, cousins etc)

By selecting these households, we were able to create a dataset of children living at their usual address in 2001 being cared for by relatives, in households where no parent was present.

The Census also provides an 'other' non-related category and this includes boarders, lodgers, fostered and other non-related relationships. It was not possible to identify within this group the children being cared for *by friends* in households where no parent was present. We expected that only a small number of children would be living in such

arrangements. In an effort to see what proportion of children (not living with parents or relatives) might be living with friends we used data from another survey, the Longitudinal Study of Young People in England (LSYPE).⁹ This survey contains data on a representative sample of 15,770 young people, aged 13-14 years, in England in 2000. The LSYPE data show that around 1.3% of children were living in households where no birth parent was present, and where the head of household was a relative. A much smaller proportion (0.03%) was identified as living with friends in households and with neither parent present. This representative survey suggests the proportion of children growing up with friends is small.

The Census data gave the total number of children in the care of relatives in the UK. To examine the proportions of those in formal kinship care (looked after by approved kinship foster carers) and those in informal kinship care, data were sought on looked after children.

CHILDREN LOOKED AFTER BY LOCAL AUTHORITIES IN FORMAL KINSHIP CARE

The key sources of information about children living in formal kinship care are the annual statistics collected by the relevant government departments. These data contain the proportions of looked after children being cared for formally by relatives *and* friends who are approved foster carers and are publicly available.¹⁰ However, for this study we needed to know the proportions being cared for at local authority level, so that we could map the distribution of kinship care across the UK. A freedom of information request for access to these data was granted by the Department of Education (who hold the 2001 data) but refused by the UK Data Archive (who hold the 1991 data) on the grounds that individual families might be identifiable.

REPORTING AND MAPPING DATA

Given the CAMS data are census data, and have been selected to be representative of the UK as a whole, our analysis and results have been inflated to the UK population level. Results using the I-CAMS have been scaled up by 33.3 (as it is an approximately 3% sample), and results from the HH-CAMS by 100 (as it is a 1% sample).

⁹Full details on the LSYPE are available at www.esds.ac.uk/longitudinal/access/lstype/L5545.asp

¹⁰www.dcsf.gov.uk/rsgateway/DB/SFR/s000878/index.shtml

This report presents a number of maps showing the prevalence of kinship care among children in the UK and across individual countries in 2001. Prevalence rates were calculated using CAMS data, and the maps were created using ArcGIS software, ArcMap version 9.3.

ASSESSING THE RELATIONSHIP BETWEEN KINSHIP CARE, POVERTY AND DEPRIVATION

A key area of interest to us was to examine the relationship between kinship care and poverty. This was done in a number of ways, using different variables.

The first measure of poverty used was the income deprivation dimension from the Index of Multiple Deprivation (IMD) (Noble et al., 2004). The income deprivation domain contains a number of indicators such as: being reliant on means tested benefits; households receiving working family tax credits or disabled person's tax credits whose equivalised income is below 60% of median income and supported asylum seekers. Being below 60% of median income has become the standard income-poverty measure (Gordon and Townsend, 2001). The model of multiple deprivation which underpins the IMD is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately. These are experienced by individuals living in an area. IMD data do not relate to individuals or individual households, *but to areas*. The IMD data rank clusters of around 20 adjoining postcodes into areas known as Super Output Areas (SOAs). SOAs are concentrated in cities, 'one industry' towns and coal mining areas. In England, about 20% of the population lives in SOAs but not everyone who lives in a SOA is necessarily poor. On average, just under a third of people living in a SOA will be income deprived (Noble et al., 2004). As such, when we report the differences in kinship care prevalence between IMD Income quintiles (groups of 20%), what we are in fact comparing are rates between those living in the poorest 20% and richest 20% *areas*.

The second measure of socio-economic status in our analysis did use data collected directly from respondents to the Census. Using information about the Household Reference Person's current (or most recent employment) the Office of National Statistics (ONS) produced an indicator of occupational social class for the HRP. The 6-level indicator ranges from Professionals and Middle Managers in classes A and B, to semi-skilled and unskilled manual workers and the unemployed in classes D and E. However, for those aged 65 to 74, occupation was coded into the six indicators by the ONS only if the person was currently working (Meier and Moy, 2004). The majority of people in that age group were non-working

and most of these were assigned to grade E. This approximation will have affected the accuracy of the occupational status of those in our sample over the age of 65 years: about a quarter of the grandparent kinship carers.

Although poverty and disadvantage are often used interchangeably, it has been argued that a clear distinction should be made between them (Nolan and Whelan, 1996). Poverty is a lack of money or material possessions, while deprivation is when people lack the resources to escape from poverty (Townsend, 1987). Deprivation therefore includes other unmet needs not just financial.

To consider child deprivation we used the indicators that formed the Child Disadvantage Index (Dorling et al., 2007). Using data from the 2001 Census, Dorling and colleagues developed a number of indicators of disadvantage and social exclusion. The indicators used direct information on households and individuals, and included information on housing such as: whether a child lived in overcrowded conditions; a dwelling where the lowest residential floor in the building was the 5th floor; where the occupancy rating (bedroom standard) indicated that number of rooms was less than that required; where the household did not have exclusive use of bath/shower/toilet, or shared the dwelling and had no access to a car or van. Other indicators were children who reported a limiting long-term illness (LLTI); or whose general health over the previous 12 months was rated 'not good'; and those children providing care for a relative or friend for one or more hours per week (because they were elderly or suffered from ill health or a disability). Indicators linked to employment were also included: children living in households where there were no employed adults; where the household reference person was in social grade E (unemployed, receiving benefits) and where household members had low or no qualifications. Lastly, they included children who were part of a lone parent family.

The three measures: income deprivation, occupational status and the child deprivation index were used to examine poverty and deprivation for children in kinship care. Wherever possible, comparisons were made between children in kinship and children growing up with birth parents.

LIMITATIONS OF THE STUDY

In using Census data to make estimates of kinship care in the UK a number of assumptions have had to be made. Census data were not designed to ask about informal kinship

arrangements, but they are the best source of data on household relationships in the country and certainly the most representative.

What is lacking (for our purposes) was information about which household member(s) were the main carers to children in the home. We have had to make an assumption that the household reference person (HRP) was a main carer. There are of course problems with this, as the HRP was required to be the person with the highest economic activity in the household, and in some instances might not have been a main carer for children in the home. Multiple families in households may also disguise children in kinship arrangements. However, we expected these to be few, as less than 1% of households in England and Wales comprised two or more families in 2001 (Smallwood and Wilson, 2007).

The response categories for 'relationship to HRP' do not allow for the identification of family friends. Our estimates of the extent of kinship care therefore do not include children living with friends, although, we suggest that this involves very few children. We therefore acknowledge that the figures presented in this report are likely to be underestimates.

Lastly, in using the Population Census and 'Looked After Children' data together, it was assumed that the number of children in formal kinship care could be subtracted from the Census totals. However, Wales and Northern Ireland government departments were not able to supply data for 2001. Instead Wales supplied data for year ending March 31st 2003 and Northern Ireland supplied year ending March 31st 2002. We have had to assume that the formal kinship population remained relatively stable for two years in Wales and one in Northern Ireland. It is hoped future estimates based on the forthcoming census (2011) and more recent looked after children data will be more precise.



Chapter 3 Children living in Kinship Care in the UK in 2001

This chapter presents our findings on the number of children living in kinship care in the UK in 2001. There have been suggestions that kinship care has been increasing in the UK (Aldgate and McIntosh, 2006). Therefore, before analysing data from the 2001 Census, we were interested to know whether or not there had been any growth in the number of children in kinship care since 1991. To do this, we used data from the Integrated Public Use Microdata Series project (IPUMS) at the University of Minnesota, USA.

ESTIMATES OF THE EXTENT OF KINSHIP CARE IN 1991

The IPUMS project harmonizes census microdata from around the world, and currently has data on over 325 million people from 158 censuses in 55 countries.¹¹ The data they hold includes a 1% population census sample from England, Wales and Scotland. They do not hold data on Northern Ireland.¹² The 1991 UK Census did not use a household grid and therefore an algorithm¹³ was developed by the IPUMS team to:

- a) Identify relationships between household members, and
- b) Produce variables that could be used to identify children in households whose parents were absent.

A series of adjustments had also been made to the 1991 data, e.g. applying adjustment factors to account for under-coverage and under-enumeration of certain groups (Bosveld et al., 2006, OPCS/GRO(S), 1994). Therefore, our estimates of the number of children in kinship care in 1991, presented below, should be approached with caution for a number of reasons. First, the estimates rely on the IPUMS algorithm for identifying parent-child relationships in a census which did not include a household relationship matrix. Second, certain questions were asked in

Prevalence rates of kinship care reflect the proportion of children in a particular group (e.g. aged 0-4 years, region of residence, sex, etc) who are not living with their parents but with relatives. For example, a prevalence rate of X% for children aged 0-4 years means X out of every 100 children aged 0-4 years live with kin.

Distribution rates of kinship care show how the population of children living with kin is spread out across different groups or regions. For example, out of all children living with kin, 10% lived in the South East.

¹¹ <https://international.ipums.org/international/>

¹² www.ccsr.ac.uk/sars/1991/

¹³ See <http://usa.ipums.org/usa/chapter5/chapter5.shtml> for details.

a different way in 1991 and 2001. Third, in 1991 the key respondent was identified as the ‘head’ of the household whereas In 2001, this was the ‘household reference person’ who was the person with the greatest economic activity (ONS, 2005). Therefore, there are likely to be some differences in who the key respondents were in 1991 and 2001. With these caveats in mind, in (Table 3.1) below we present some tentative estimates of the extent of kinship care in England, Wales and Scotland in 1991. Data for Northern Ireland for 1991 were unavailable from IPUMS.

Table 3.1: Estimates of Kinship Care in England, Wales and Scotland, 1991

	Number of children in kinship care	Prevalence rate of kinship care (%)
England	55,287	0.5
Wales	4,093	0.6
Scotland	9,925	0.9
Total	69,305	0.6

(Source: Calculated from IPUMS data on 1991 UK Census)

While the number of children involved in relative kinship arrangements in 1991 appeared to be relatively small, some considerable differences were revealed when the age of child was considered (Table 3.2).

Table 3.2: Kinship care in England, Wales and Scotland by Children’s Age Group, 1991

	Age group (years)	Number	Prevalence (%)	Distribution (%)
England	0-4	10,403	0.3	19
	5-9	10,918	0.4	20
	10-14	14,280	0.5	26
	15-17	19,686	1.1	36
	Total	55,287	0.5	100
Wales	0-4	721	0.4	18
	5-9	618	0.3	15
	10-14	1,530	0.8	37
	15-17	1,224	1.1	30
	Total	4,093	0.6	100
Scotland	0-4	1,648	0.5	17
	5-9	1,545	0.5	16
	10-14	3,264	1.0	33
	15-17	3,468	1.8	35
	Total	9,925	0.9	100

(Source: Calculated from IPUMS data on 1991 UK Census)

Prevalence rates of kinship care increased consistently with age in all three countries. The highest rate of prevalence in all three countries was for children aged 15-17 years. So for example in Scotland, a prevalence rate of 1.8% means that around 1 in 55 children in this age group in Scotland were living with relatives in 1991.

We now turn to consider the data from the 2001 population census, in which data on the number of children living with relatives was available for all the UK countries, and where estimates are more reliable due to the use of a full household matrix.

ESTIMATES OF KINSHIP CARE IN 2001

Given the differences in the data between 1991 and 2001, findings and comment on changes over time can only be tentative. We do know from records held by the Department of Education (the Children Looked After data), that the number of children formally placed with relatives and friends increased between 1990 and 2000. Similarly, we found from the 2001 Census that the proportion of children living with relatives was higher than that found in the 1991 Census.

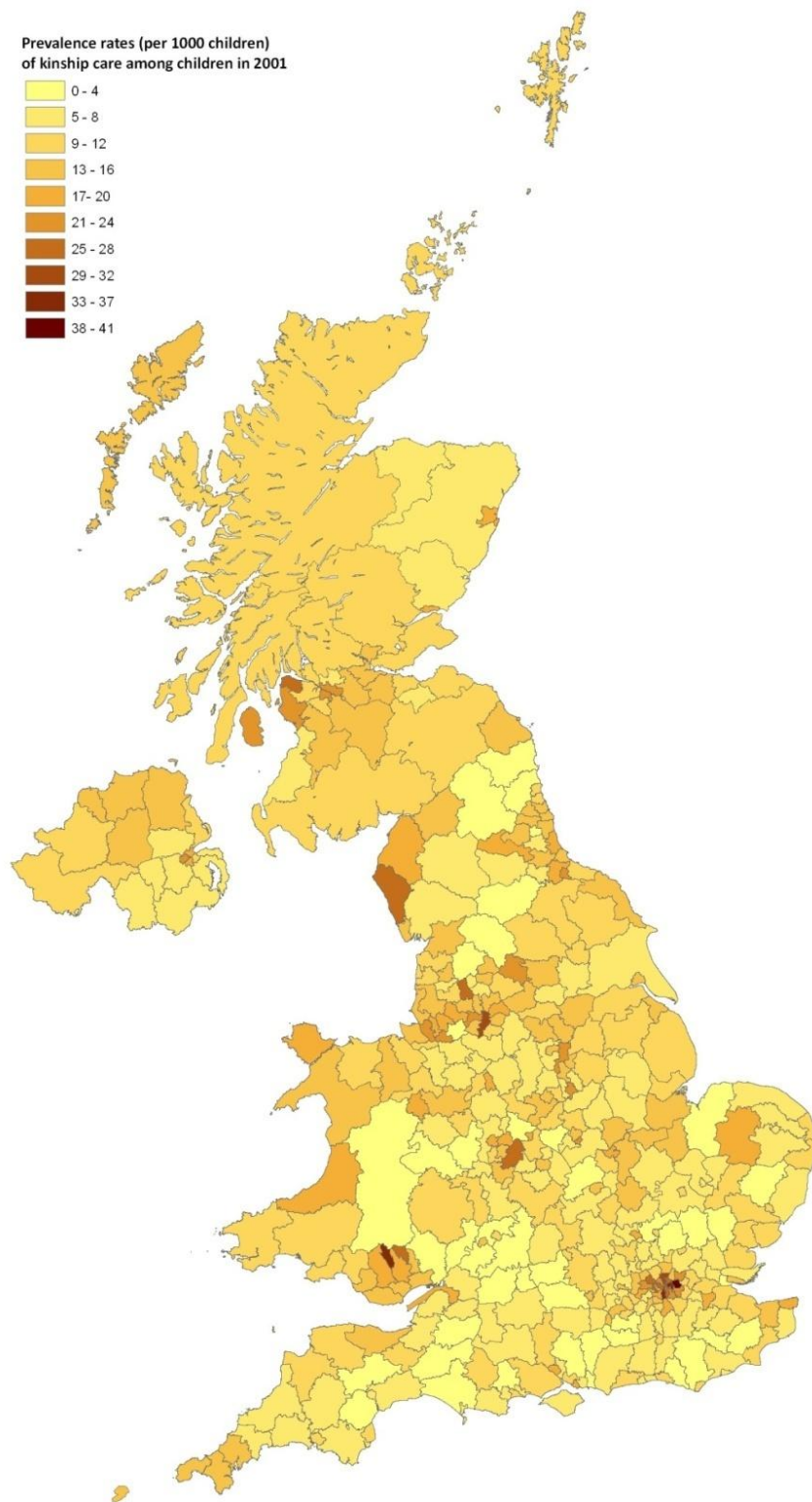
Table 3.3: Estimates of Kinship Care in England, Wales, Scotland and Northern Ireland, 2001

	Number of children in kinship care	Prevalence of kinship care (%)
England	143,367	1.3
Wales	9,200	1.4
Scotland	15,433	1.3
Northern Ireland	5,200	1.1
Total	173,200	1.3

Source: Calculated from 2001 I-CAMS data

The map of the UK on the following page (Figure 3. 1) shows that kinship care was not evenly distributed across the country. There were regions and areas where the prevalence of kinship was high (i.e. above 2%, or more than 20 children living with a relative per 1,000 children in the general child population). Information on the number in each local authority area can be found in Appendix 3.

Figure 3.1: Prevalence of kinship care among children in England, Scotland, Wales and Northern Ireland in 2001



Source: Prevalence rates calculated from 2001 I-CAMS data

ESTIMATES OF THE EXTENT OF INFORMAL KINSHIP CARE IN THE UK IN 2001

One of the primary aims of this project was to use census data to examine the distribution and characteristics of children living in kinship care arrangements in the UK. Another was to see whether an estimate could be made of the number of children living in *informal* kinship care arrangements. Table 3.4 shows how census data was used in conjunction with the Children Looked After data (DfE 2001) to do this. In 2001, there were around 6,870 looked after children in England living in ‘formal’ kinship foster care arrangements, with around 980 children in similar circumstances in Scotland, 620 in Wales and 534 in Northern Ireland.

Table 3.4: Estimated Number of Children in Formal and Informal Kinship Care, 2001

	All children living with relatives	Number of looked after children fostered with relatives	Estimated number of children in informal kinship care	Proportion (%) of children in kinship care in informal arrangements
North West	24,400	1,660	22,740	93
West Midlands	17,900	800	17,100	96
Inner London	17,767	710	17,057	96
Outer London	16,500	460	16,040	97
Yorkshire & the Humber	15,533	960	14,573	94
South East	14,933	580	14,353	96
East Midlands	10,567	380	10,187	96
East of England	10,067	490	9,577	95
South West	8,000	460	7,540	94
North East	7,700	370	7,330	95
England	143,367	6,870	136,497	95
Scotland	15,433	980	14,453	94
Wales	9,200	620¹⁴	8,580	93
Northern Ireland	5,200	534¹⁵	4,666	90
UK total	173,200	9,004	164,196	95

Source: Calculated from 2001 I-CAMS data and CLA data

Combining the Children Looked After data with information from the 2001 census, we estimated that around 136,500 children in England, 14,500 children in Scotland, 8,600 children in Wales, and 4,700 children in Northern Ireland were living with kin in an informal capacity. This is a UK-wide total of just over 164,200 children in informal kinship care. The table demonstrates that for each region and country in the UK, the vast majority (over 90%)

¹⁴ Data for Wales are from 2003, the earliest year for which ‘robust’ CLA data were available.

¹⁵ Data for Northern Ireland are from 2002, www.dhsspsni.gov.uk/statistics_and_research-cib_looked-after-children

of children living with relatives in 2001 were doing so informally, and most with probably little or no contact with Children's Services.

It was noted in Chapter 1 that there were few reliable estimates of the number of children living in informal kinship care arrangements. The Family Rights Group (Richards and Tapsfield, 2003) suggested that there were probably between 200,000 and 300,000 children living in kinship care, while the ONS (Smallwood and Wilson 2007) believed there to be around 139,000 children living in non-family households, with adult relatives who were not their parents. The figure presented here, of 173,200 children, fits between those of the ONS and the FRG, *and does not include those children living with friends*. One reason for the difference between our estimates and those produced by Smallwood and Wilson (2007) (who also used data from the 2001 Census) is that they appear not to have included children living in grandparent families. Our estimates include children living in such circumstances, and thus differ from Smallwood and Wilson.

The next chapters provide more detailed descriptions of the characteristics of the children living in kinship care. Findings are presented for the individual countries of the UK, beginning with England as it accounts for around 85% of all children in the UK.

SUMMARY

- In 1991, one in every 167 children was living with relatives in England, Wales and Scotland: a total of 69,305. In the countries for which data were available, the prevalence rates of children in kinship care increased with the age of the child.
- In 1991, Scotland had the highest prevalence rate and particularly so for young people aged 15-17 years: 1 in 55 children in this age group in Scotland were living with relatives in 1991.
- The vast majority of kinship arrangements were informal. Over ninety percent of all the children living with relatives were doing so informally.
- We estimate that in 2001 around 136,500 children in England, 14,500 children in Scotland, 8,600 children in Wales, and 4,700 children in Northern Ireland were living with kin in an informal capacity, producing a UK-wide total of just over 164,200 children.
- By 2001, the number of children living in both formal and informal kinship had increased to about 173,200. Some areas of the UK had much higher prevalence rates than others, with more than 2 children in every hundred living with relatives.

Chapter 4 Children living in Kinship Care in England

At the time of the 2001 Census there were just over 13.3 million children aged 0-17 years (i.e. <18 years) living in the UK. Of these, around 11.1 million lived in England. We estimate, that of the 11.1 million children living in England, around 143,400 (1.3% of all children) were living with relatives (Table 4.1). However, these children were not evenly distributed across the country. There were pockets where there were more kinship arrangements than one would expect. The highest prevalence rates were found in Inner London (2.8% - nearly three out of every hundred children) and Outer London (1.6%): a total of 35,000 children in kinship care in London. The lowest prevalence rates were in the South East (0.8%), East (0.8%) and South West (0.7%). In terms of absolute numbers of children in kinship care, the North West accounted for the largest regional share, with around 17% of the total (24,400 children). This large proportion can be partly explained by the large number of young people in that region, as the North West of England contained 14% of all children in England.

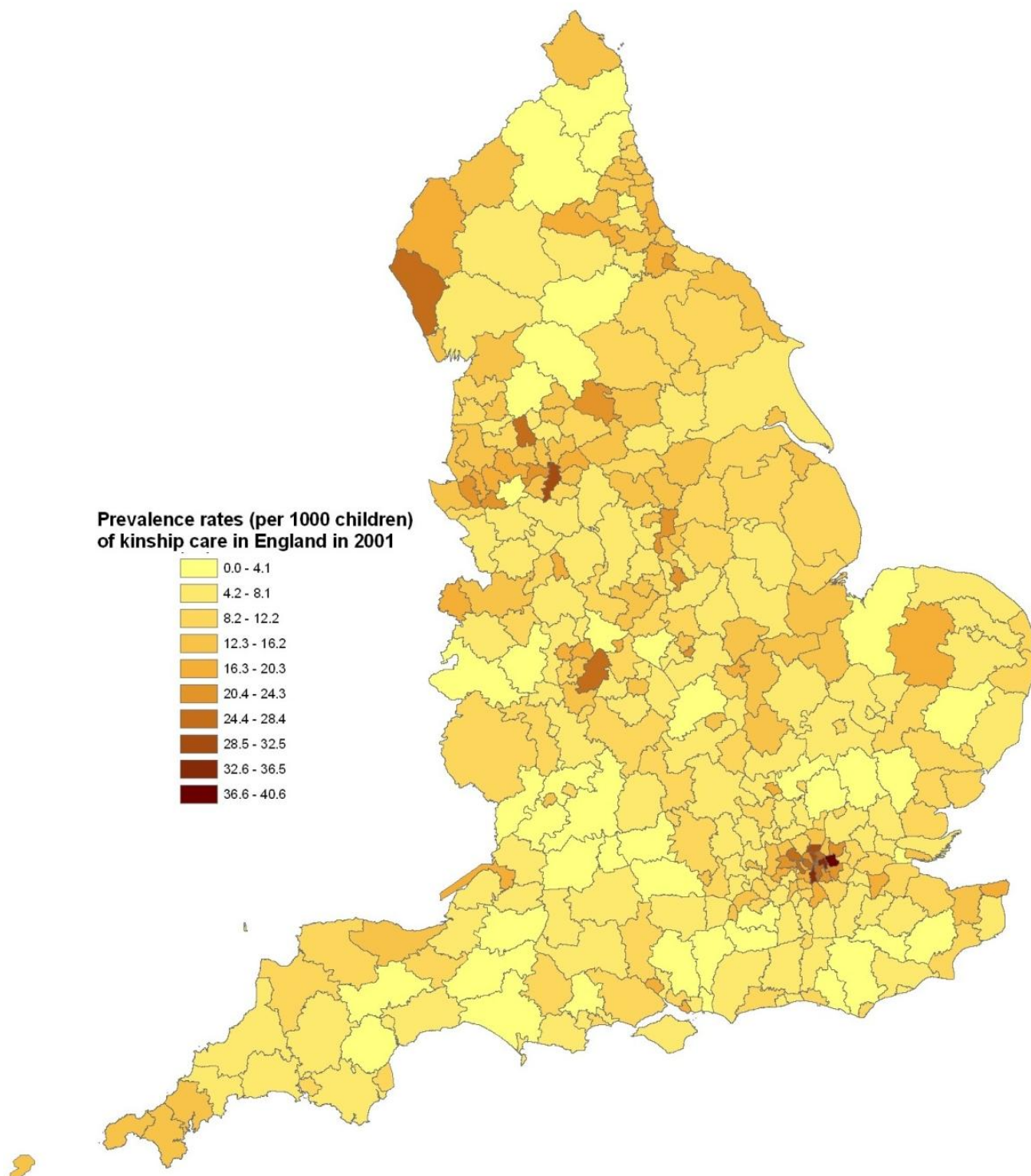
Table 4.1: Children Living in Kinship Care in England, by Region, 2001

	Number	Prevalence rate (%)	Distribution (%)
Inner London	17,767	2.8	12
Outer London	16,500	1.6	12
North West	24,400	1.5	17
West Midlands	17,900	1.4	13
Yorkshire & the Humber	15,533	1.3	11
North East	7,700	1.3	5
East Midlands	10,567	1.1	7
South East	14,933	0.8	10
East of England	10,067	0.8	7
South West	8,000	0.7	6
England	143,367	1.3	100

Source: Calculated from 2001 I-CAMS data

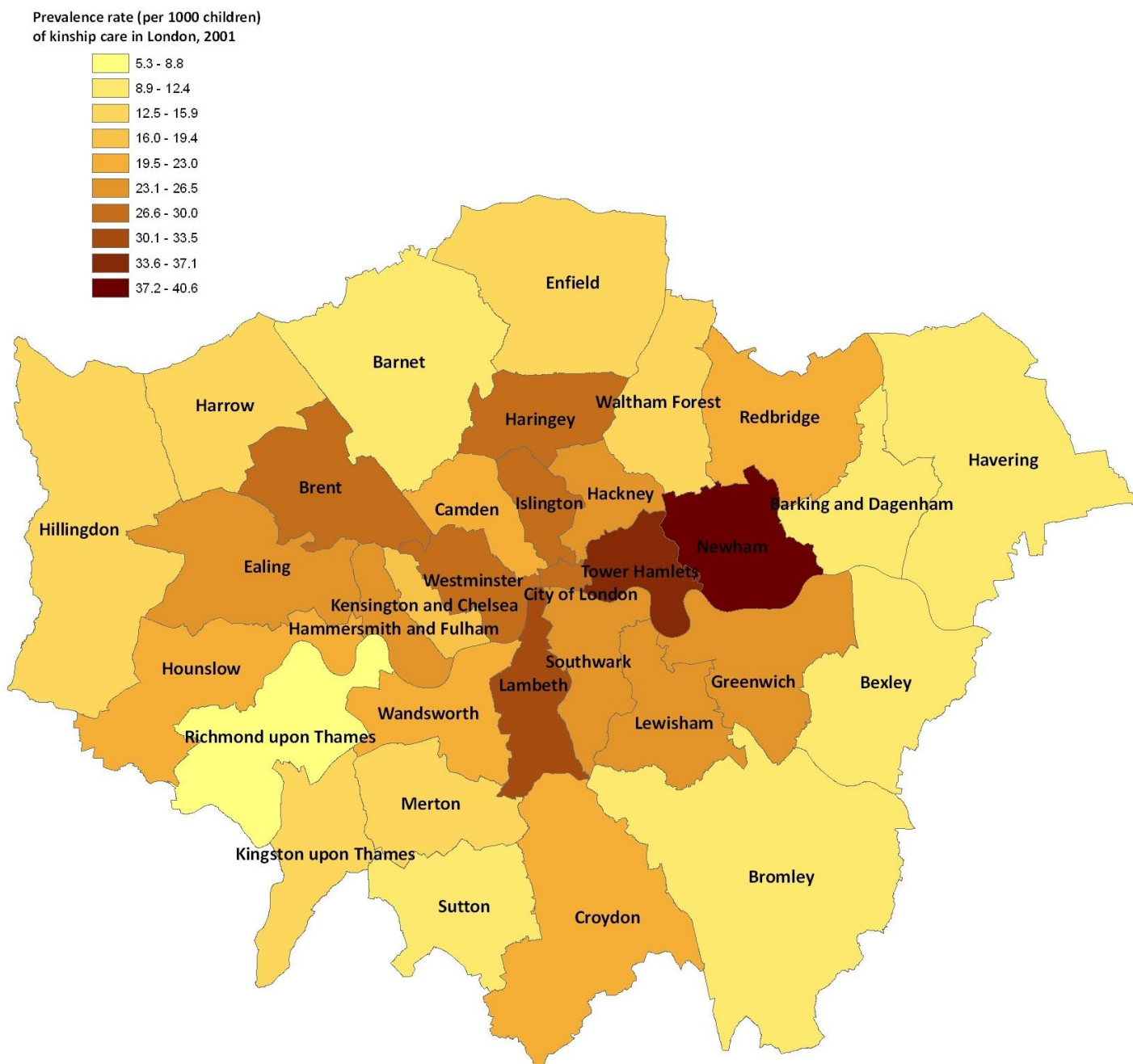
The map (Figure 4.1) shows in more detail the distribution of kinship care among children in England. A separate map is provided for London. Data on prevalence rates of kinship care at local authority level are provided in Appendix 3.

Figure 4.1: Prevalence of Kinship Care in England, 2001



Source: Prevalence rates calculated from 2001 I-CAMS data

Figure 4.2: Prevalence of Kinship Care in London, 2001

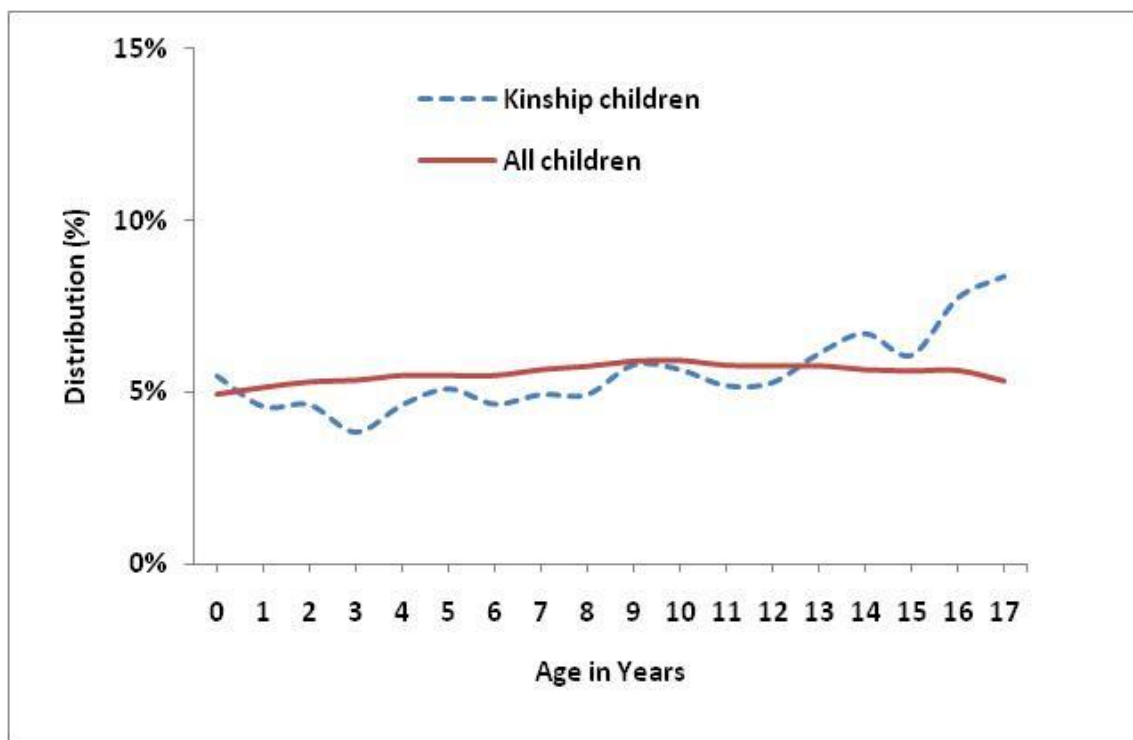


Source: Prevalence rates calculated from 2001 I-CAMS data

THE AGE AND GENDER OF CHILDREN LIVING IN KINSHIP CARE IN ENGLAND

Figure 4.3 shows how the populations of all children (solid line) and children living in kinship care (dashed line) in England were distributed by age in 2001.

Figure 4.3: Age Distribution (%) of the Child Population and Children in Kinship Care in England, 2001



Source: Calculated from 2001 I-CAMS data

In general, there were lower proportions of young children living with relatives in England than in the general child population (as one might expect). There were an estimated 33,300 children less than 5 years of age living in kinship care, or around one quarter (23%) of the total kinship population in England (see Table 4.2). Children aged 10-14 years accounted for the largest share of children living in kinship care (29%, 41,600 children). However, teenagers, especially those aged 15-17 years, had the highest rates of prevalence at 1.7%¹⁶.

¹⁶ Note that this age group only has two years worth of children (i.e. children 15-16, and 16-17); other age groups all have four years worth of children (e.g. the 0-4 age group contains children aged 0-1, 1-2, 2-3, and 3-4).

Table 4.2 Kinship Care in England by Child's Age Group, 2001

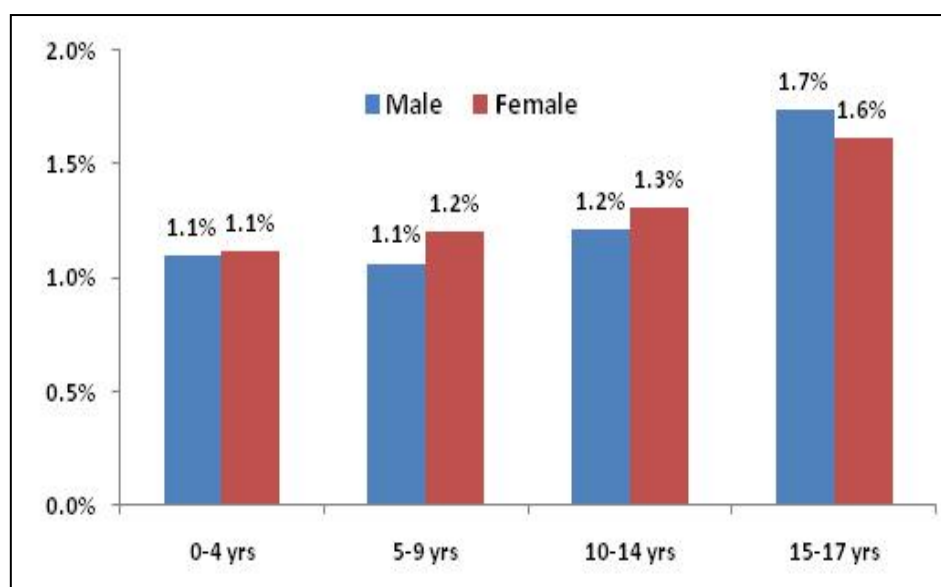
Age group	Number of Children in kinship care	Prevalence rate (%)	Distribution (%)
0 to 4	33,333	1.1	23
5 to 9	36,567	1.1	26
10 to 14	41,633	1.3	29
15 to 17	31,833	1.7	22
England	143,366	1.3	100

Source: Calculated from 2001 I-CAMS data

GENDER

Studies of kinship care also need to consider whether there are differences by the gender of the child (Harden, 1997). When age and gender were taken into account (Figure 4.4), it appears prevalence rates of kinship care in England were slightly higher for girls than for boys across the younger age groups, but that the pattern was reversed for the 15-17 year age group.

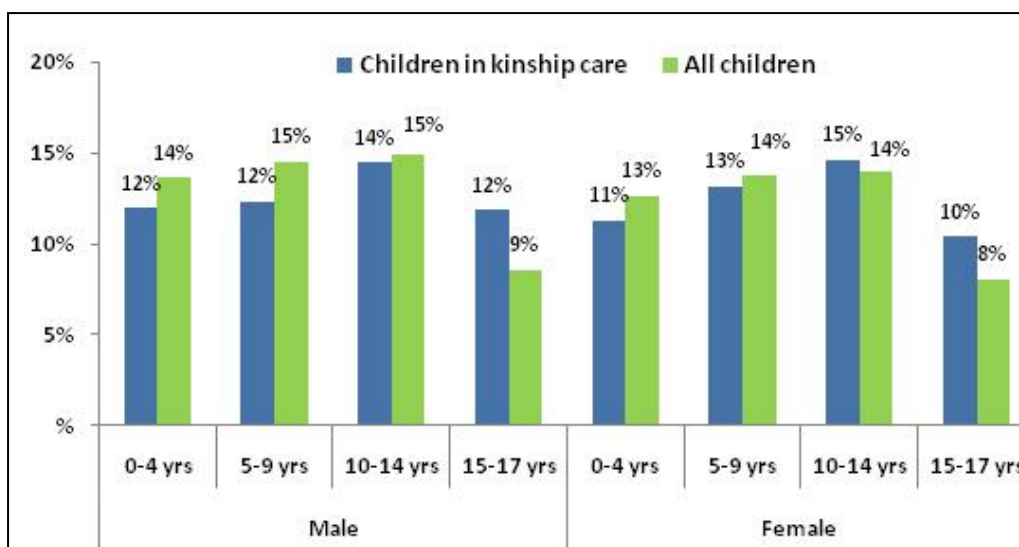
Figure 4.4: Prevalence Rates of Kinship Care in England, by Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

If we compare the distributions of children living in kinship care and that of the overall child population for England, it is possible to see whether or not particular groups are either over- or under-represented in the kinship care population.

Figure 4.5: Distribution of Children in Kinship Care and all Children in England, by Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

Figure 4.5 shows the distribution of all children by their age and gender and the distribution of those living with relatives. Both boys and girls aged 0-4 years were under-represented in the kinship care population in 2001. In contrast, girls aged 10-14 years, and both boys and girls aged 15-17 years were over-represented.

THE ETHNICITY OF CHILDREN LIVING IN KINSHIP CARE

Ethnicity has been shown to be an important factor in many studies of kinship care. Some communities (e.g. from parts of West Africa) regularly use kinship care via the extended family network as a means of ensuring children are raised by family when parents are not present. Census data can be used to examine the extent to which this is happening among ethnic groups in England. For the purposes of this report, the sixteen ethnic census categories have been collapsed into seven groups: White, Other White, Mixed, Asian, Black, Chinese and 'Other Ethnicity' because of low numbers, although we acknowledge (and demonstrate later) why this is not an ideal practice. Table 4.3 shows the population of children living with kin in England, by ethnic group. The ethnic distribution of the kinship care child population was quite different to that of the general child population.

Over- and under-representation of children in kinship care reflects instances when the distribution of children in kinship care in particular groups (e.g. age, sex, and ethnicity) differs from that of the general child population in those groups.

For example, boys aged 0-4 years in England accounted for 14% of all children in England, but only 12% of children in kinship care (in England).

This group can therefore be said to be under-represented.

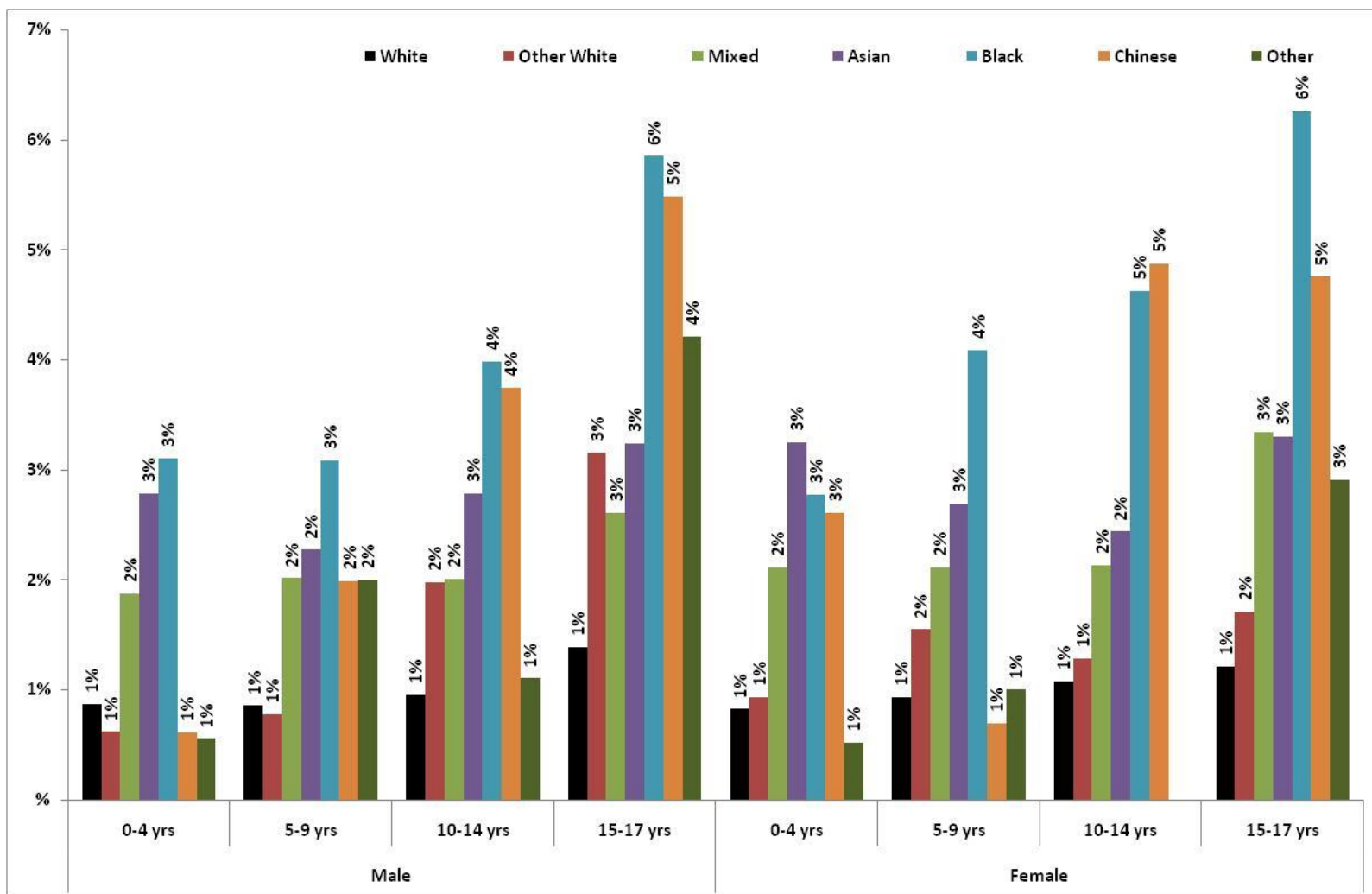
Table 4.3 The Ethnicity of Children in Kinship Care and the General Child Population by Numbers and Percentage in England 2001

	Number of Children in kinship care	%	All children in England	%
White	94,800	66.1	9,631,833	84.0
Asian	20,967	14.6	746,867	6.5
Black	13,333	9.3	334,900	2.9
Mixed	7,633	5.3	353,367	3.1
Other White	3,267	2.3	240,600	2.1
Chinese	1,400	1.0	44,000	0.4
Other	633	0.4	46,933	0.4
Total	142,033	99.1	11,398,500	99.4
<i>Missing data on ethnicity</i>	1,333	0.9	66,033	0.6
Total	143,367	100	11,464,533	100.0

Source: Calculated from 2001 I-CAMS data

While White children accounted for 84% of the child population of England in 2001, they only constituted 66% of children living in kinship care. About 30% of the children in kinship care in England were of minority ethnicity, half of whom were Asian. Figure 4.6 shows how prevalence rates of kinship care differed between the main ethnic groups in England in 2001. It shows that the tendency for kinship care prevalence to increase with age was common to all ethnic groups. It also shows prevalence rates of kinship care were far higher among children from ethnic minority communities compared to white children.

Figure 4.6: Prevalence Rates of Kinship Care in England by Ethnicity, Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

Among boys, the highest rates of kinship care prevalence were among black children. Kinship care prevalence among this group rose steadily with age, and by age 15-17 around 6% of black boys were living with relatives. Put another way, about 1 in 17 of *all* black boys aged 15-17 were not living with a parent, and instead lived with relatives.

When the data were examined further, it was clear there were considerable differences in prevalence rates (for boys and girls, aged 15-17 years) *within* the 'Black' group. While the prevalence rates of kinship care among Black Caribbean boys (aged 15-17 years) were around 3% (roughly the same as the general population), among African boys of the same age, the rate was three times higher, at 9%. A similar difference was observed for girls too, with rates among Black Caribbean girls at 4%, compared to 9% for those of Black African origin. Needless to say these large intra-ethnic differences show why serious consideration needs to be given when assessments are made based on crude ethnic categories: and why the merging of survey (and other) data of seemingly 'similar' ethnic groups into categories such as 'black' might mask important differences and influences as to why children live with kin.

There was greater variation of the prevalence of kinship care by ethnicity among girls than boys.

- ❖ Of all Asian girls living in England aged 0-4 years, 3 in every 100 were living with relatives in kinship care: a prevalence rate of 3.2%;
- ❖ Black girls had the highest prevalence of kinship care for two age groups, 5-9 years (4.1%) and 15-17 years (6.3%);
- ❖ Among girls aged 10-14 years the highest prevalence was among those of Chinese origin (5%) and Black (5%).

Table 4.3 compared the distribution of children in kinship care with that of all children in England, and showed how older children were over-represented among the kinship care population. The same is done here (Table 4.5), but along with age and gender we also account for children's ethnicity; shaded cells show where children are 'over-represented'. The degree of over-representation of ethnic groups differed by the child's gender and age. So, for example, Chinese children aged 10-17 years old were over-represented, but for Asian children over-representation was for girls aged 0-4 years and boys aged 15-17 years.

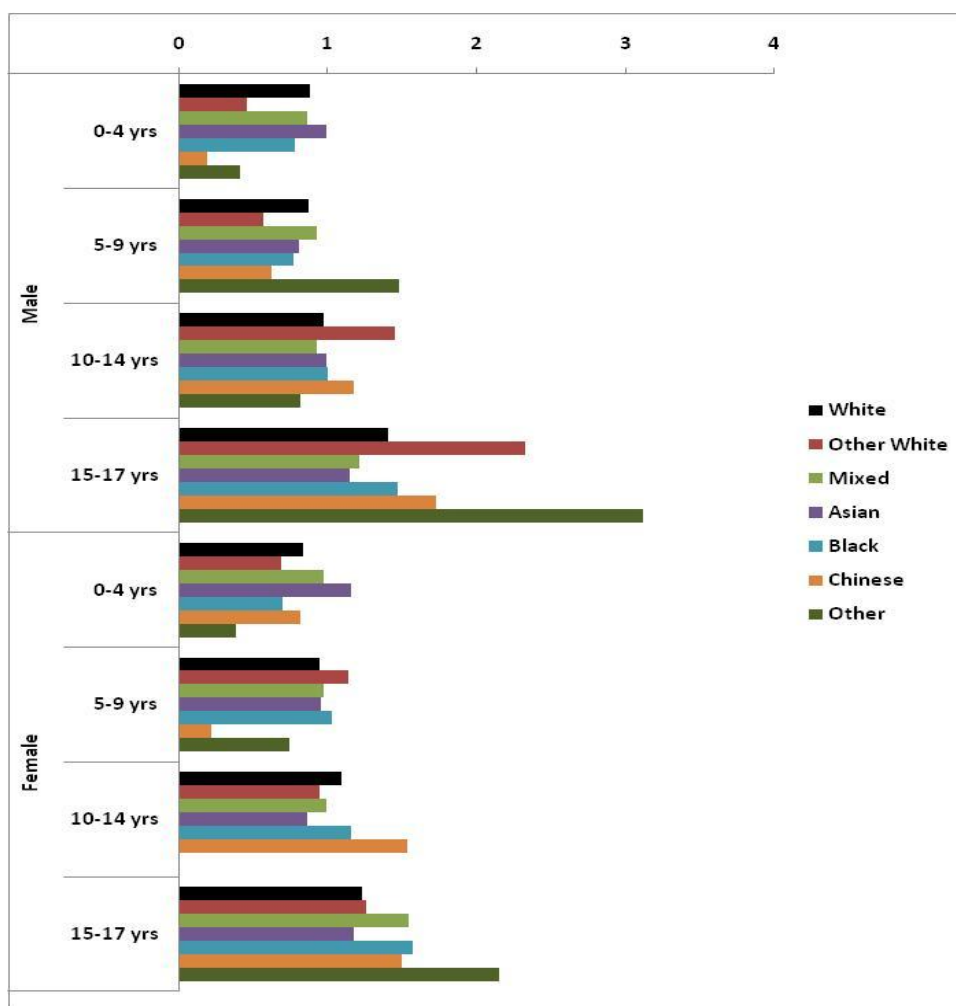
Table 4.5: Distribution (%) of Children in Kinship Care and all Children in England, by Age, Gender and Ethnicity, 2001

	White children in Kinship care	All White children	Other white children in Kinship care	All other white children	Mixed children in Kinship care	All mixed children	Asian children in Kinship care	All Asian children	Black children in Kinship care	All Black children	Chinese children in Kinship care	All Chinese children	Other ethnic group children in Kinship care	All other ethnic group children
Male, 0-4 yrs	12	14	7	16	14	16	15	15	11	14	2	12	5	13
Male, 5-9 yrs	13	15	8	14	14	15	11	14	12	15	7	11	26	18
Male, 10-14 yrs	15	15	19	13	13	14	14	14	14	14	19	16	11	13
Male, 15-17 yrs	12	9	17	8	8	7	10	9	12	8	19	11	26	9
Female, 0-4yrs	10	13	10	15	15	15	16	14	10	14	10	12	5	14
Female, 5-9 yrs	13	14	16	14	15	15	13	13	15	15	2	11	11	14
Female, 10-14yrs	15	14	12	13	12	12	11	13	16	13	24	16		13
Female, 15-17yrs	10	8	9	7	10	6	11	9	12	8	17	11	16	7
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Source: Calculated from 2001 I-CAMS data

The information in Table 4.5 can be used to see a) if there are any clear patterns of overrepresentation for children from particular ethnic backgrounds and b) the degree of difference between ethnic groups by calculating a simple ratio between the proportions in kinship care and all children. Figure 4.7 shows the ratios for different ethnicities. Where the distribution of children in kinship care was the same as the general child population (i.e. all children of that particular ethnicity, age group, and gender) the ratio will equal 1. Where children in kinship care are over-represented, the ratio will be greater than 1 (and less than 1 where they are under-represented). As was highlighted earlier, the prevalence of kinship care increases with age, so, unsurprisingly, the ratios for boys and girls in the lowest age groups were either 1 or less than 1 (except for young Asian girls). By the time children were 15-17 years old, both boys and girls in all ethnic groups had ratios greater than 1.

Figure 4.2: Ratio of Children in Kinship Care to all Children by Age, Gender and Ethnicity, England, 2001

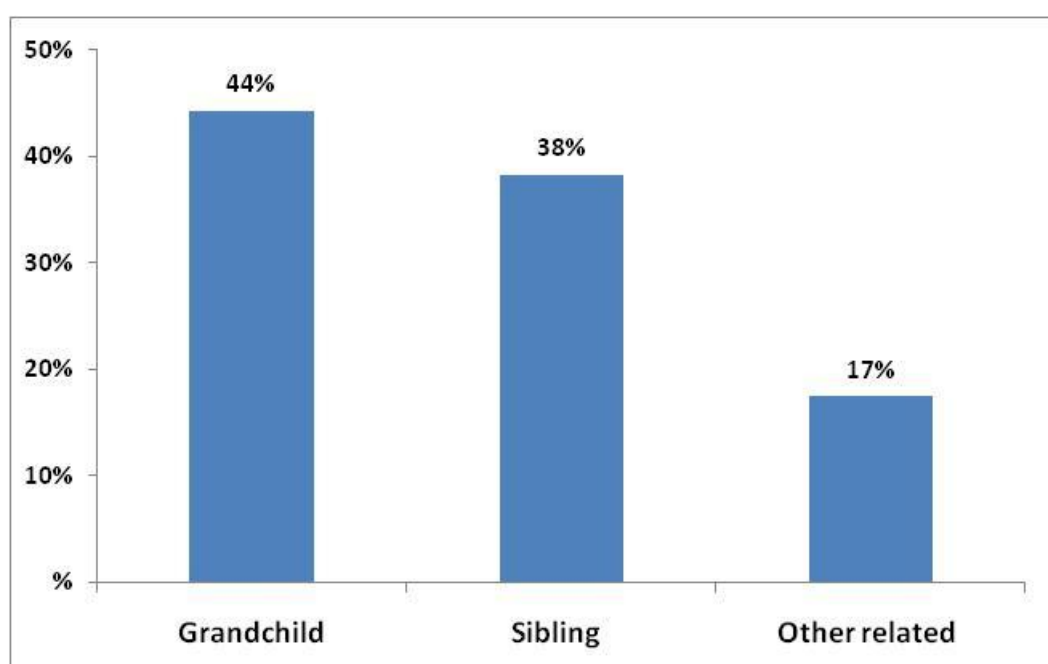


Source: Calculated from 2001 I-CAMS data

CHILDREN'S RELATIONSHIP TO THEIR KIN CARERS

It is generally thought that the majority of children growing up in kinship care are grandchildren living with grandparents. Census data confirmed that this was the case in England in 2001 (see Figure 4.8), with around 44% (around 63,500) of children living with relatives being grandchildren of the household reference person (HRP¹⁷). One in six children (17%, around 25,000 children) in kinship care was living with an unspecified relative, e.g. uncles/aunts/cousins, etc. What is less widely known is that over one-third of children in kinship care (38%, around 54,900 children) were living with a sibling as HRP.

Figure 4.3: Relationship of Children to Kinship Carer in England, 2001 (N=143,367)



Source: Calculated from 2001 I-CAMS data

The fact so many children living in kinship care in England were in the care of a sibling was unexpected. Although recent attention to this issue has been raised by FRG, we wondered whether or not in this case siblings were really the main carers looking after their brothers or sisters, or was another older adult present in the household, such as a grandparent, who might be providing care? Further investigation of the data found that in most (89%) instances sibling HRPs were the oldest household member. In only 5% of these sibling households was a grandparent also

¹⁷ The HRP was classified by the Census as the household member earning the highest income. See Chapter 2 for further details.

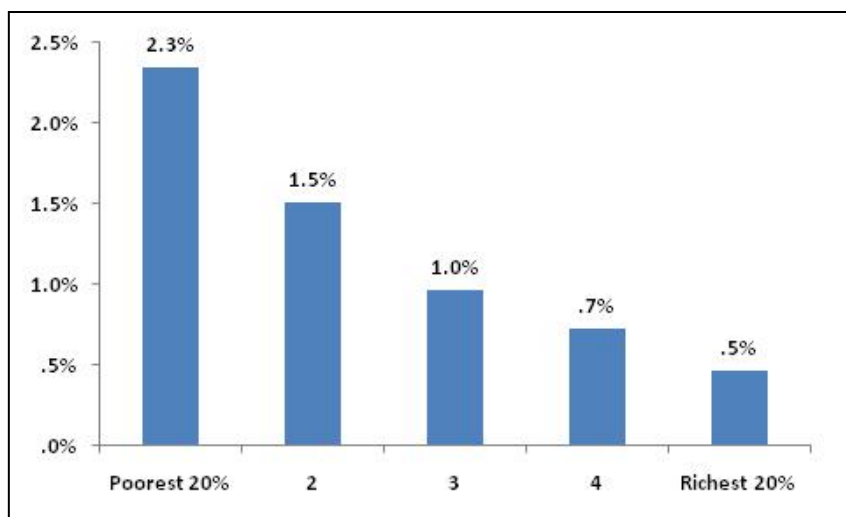
present. What this suggests is that more than one in three children in kinship care in England in 2001 was being looked after by an older sibling, without additional help from older household members.

HOUSEHOLD POVERTY AND DEPRIVATION

Studies of kinship care in the UK have frequently found that family and friends carers are often poorer than stranger foster carers (Flynn, 2002, Farmer and Moyers, 2008). Work by the Family Rights Group has pointed to the links between poverty and the use of social care services, with poor families over-represented among users of children and families services (Richards and Tapsfield, 2003). It has been shown that children living in poverty are many times more likely to become looked after, and that there are clear links between a range of indicators of deprivation and the chances of a child entering care. Bebbington and Miles (1989) compared the circumstances of children who entered care with those of children aged 16 and under, who had not. They noted that different aspects of deprivation (e.g. low education, poorly paid jobs, housing quality, etc) are often highly correlated, and so examined the separate influences or effects of different factors on the chances of a child being in care (Bebbington and Miles, 1989). Unsurprisingly, factors such as age, gender, ethnicity and socio-economic position were all found to be highly significant.

Our analysis also found a clear relationship between poverty (in this instance living in a household located in the most deprived areas of England) and kinship care (Figure 4.9). In 2001 in England, around 1 in 43 children, (a prevalence rate of just over 2%), in kinship care were living in households in the poorest 20% of SOAs; for children living in the richest 20% of SOAs, the figure was 1 in 200 children (i.e. a prevalence rate of 0.5%).

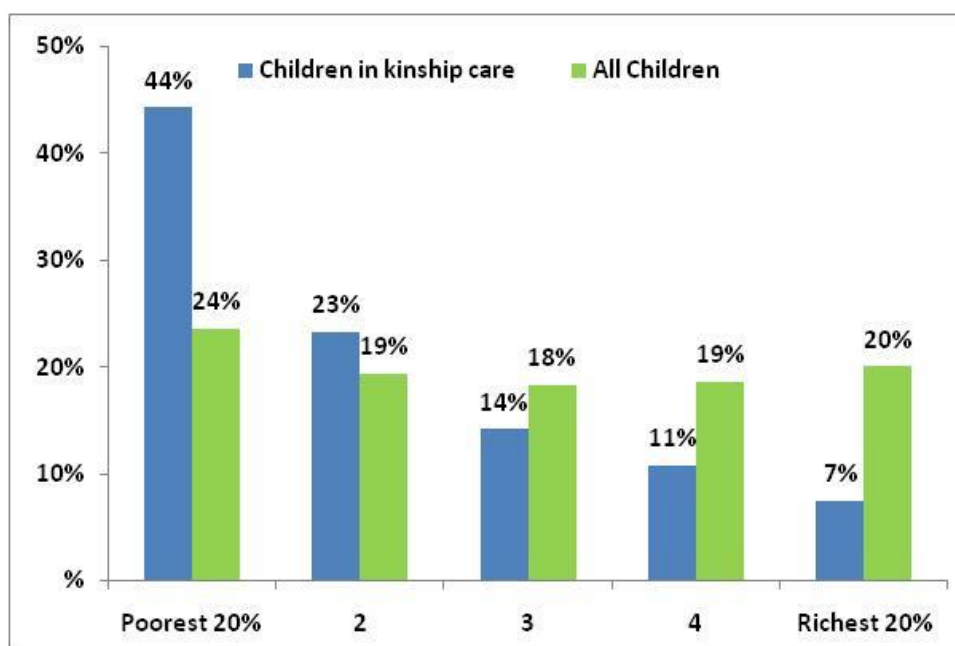
Figure 4.4: Prevalence Rates of Kinship Care by IMD Income Quintile, England 2001



Source: Calculated from 2001 I-CAMS data

If we consider the distribution of children in kinship care by the income deprivation domain (from the Index of Multiple Deprivation (IMD)) and compare them to all children in England, the over-representation of kinship children in the poorest areas is very apparent. Figure 4.10 shows that while nearly a quarter of all children were found in the lowest IMD income quintile, the same quintile accounted for nearly half (44%) of all children living in kinship care. Indeed the majority (67%) of children living in kinship care in 2001 lived in households in the poorest 40% of areas. Children living in the poorest 20-40% of areas were likely to have household incomes below the poverty line (60% or below median income).

Figure 4.5: Distribution (%) of Children in Kinship Care and % of all Children by IMD Income Quintile, England, 2001

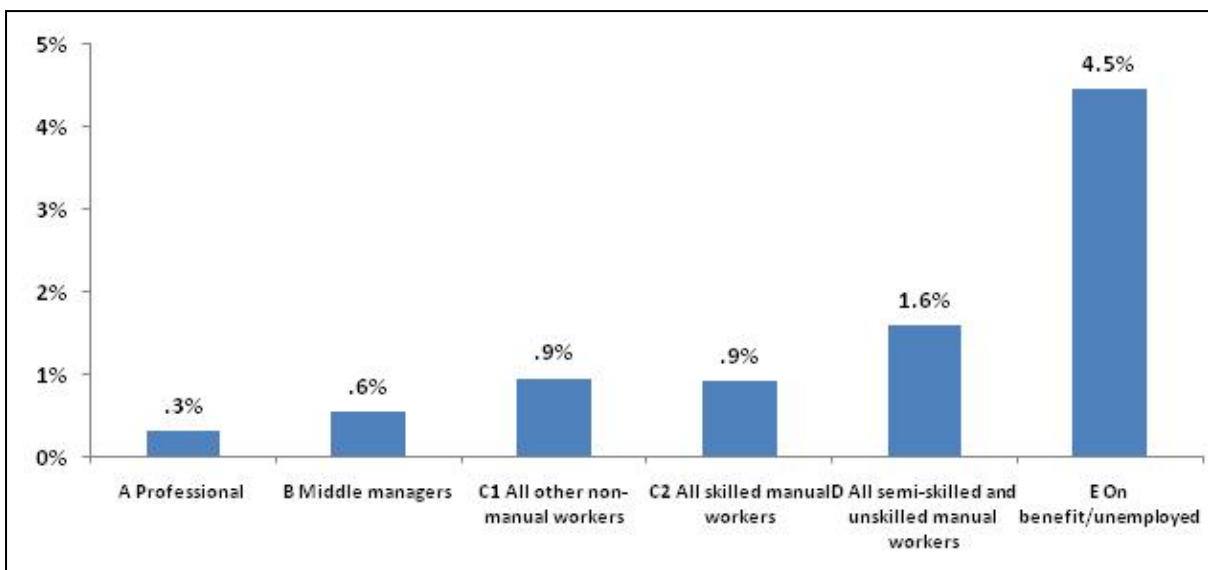


Source: Calculated from 2001 I-CAMS data

Another way of looking at socioeconomic position is by the adults' occupational social class. Using information about the occupation of the household reference person (HRP), the ONS provides a six-category indicator of social class ranging from Professionals and Middle Managers in classes A and B, to the unemployed in classes D and E. Figure 4.11 shows the prevalence rates of children living in kinship care by the social class of their carer. The prevalence rate of kinship households in social class E (where no adult in the household works) was 15 times higher than that of social class A (where the HRP is classed as a Professional). One in every 22 children in social class E was living with kin, compared to one in every 333 in social class A.

This information, combined with that in Figures 4.9 and 4.10, shows clearly the relationship between poverty and kinship care. Analysis of data using the Child Deprivation Index also showed that for children in kinship care there was a great deal of unmet need. Around 70% of children in kinship care (around 100,900 children) experienced two or more deprivations, compared to 36% of children growing up with their parents.

Figure 4.6: Prevalence Rates of Kinship Care by Occupational Social Class of the Household Reference Person, England, 2001



Source: Calculated from 2001 I-CAMS data

If, as we suspect, most kinship care arrangements are not known to statutory agencies, and the majority of these children are living in poor and deprived households, then there is a pressing need for financial and other support to be provided to these children and their families.

HOW DO AGE, GENDER, POVERTY AND REGION OF RESIDENCE AFFECT THE PREVALENCE OF KINSHIP CARE

Thus far we have seen how the prevalence and distribution of children in kinship care has varied with geography, their age, gender, ethnicity and the socio-economic status of their carer. The influence of each of these factors has been examined separately. But we were interested to know, for example: Were girls more likely than boys to be living in kinship care once we take into account age, ethnicity, socio-economic status and region of residence? It must be stated at the outset that information about some of the most important determinants of whether or not a child ends up living with relatives (e.g. the circumstances of the child's birth parents), were not available in the Census, and thus cannot be entered into a statistical model. Conclusions reached here are therefore based solely on the data available. A binary logistic regression was run and the full results

of regressions¹⁸ run for each country of the UK are presented in the Appendix 6. Only the main findings are presented here.

This analysis found the following:

Age: the odds (or chances) of a child in England living in kinship care increased with age, although the difference was only statistically significant for children aged 10 years and over. Children aged 10-14 years were 15% more likely to be living with kin, and for children aged 15-17 years chances were 58% higher than children aged 0-4 years.

Sex: girls in England were 4% more likely than boys to be in kinship care although the difference was not statistically significant, once other factors were taken into account.

Ethnicity: children from minority ethnic groups all had significantly higher odds of being in kinship care compared to white children. Children from Chinese and Black backgrounds were more than twice as likely to be living with kin, than white children. Children from mixed ethnicity and Asian backgrounds were 1½ times more likely than white children to be living with kin, and children from 'Other white' backgrounds were 24% more likely than white children to be living with kin.

Poverty: Children in kinship care were 2¼ times more likely to be living in households in the poorest 20% of areas than children living in the richest areas. *As to whether or not these children were poorer before they started living with relatives cannot be ascertained from the data.*

Multiple non-monetary deprivations: Children experiencing multiple deprivations were nearly three times more likely to be living with kin compared to non-deprived children.

Region of residence: Differences for regions (apart from the East and South East) were statistically significant, with children in the North West and Inner London around 53% and 40% more likely to be living with kin than children in the South West. Children in Outer London were less likely to be in kinship care than children in Inner London.

¹⁸ The Enter method was used in this instance

SUMMARY

- In England in 2001, 1.3% of all children were living with relatives - around 143,400 children. One in every 77 children in the general population was being cared for by relatives. The highest prevalence rates were found in Inner London (2.8%) and Outer London (1.6%): a total of 34,000 children in kinship care in London. In terms of absolute numbers of children in kinship care, however, the North West accounted for the largest regional share. Children in these three regions were the most likely to be living with kin.
- We estimated that 33,300 children under 5 years of age (23% of all children in kinship care) were living in kinship care in England. Children aged 10-14 years accounted for the largest share of children living in kinship care (29%, or 41,600 children). However, teenagers, especially those aged 15-17 years, had the highest rates of prevalence (1.7%), with around 31,000 living with kin in England in 2001.
- The prevalence of kinship care among younger age groups was higher for girls than for boys, especially those from Asian and Black backgrounds. Among older children (teenagers) rates were higher for boys. All ethnic groups (including white) were over-represented in the 15-17 age group. Around 1 in 17 of all Black boys and girls aged 15-17 years were living with relatives in 2001.
- Children from all minority ethnic backgrounds were over-represented in kinship care. Children from Chinese and Black, especially African, backgrounds were more than twice as likely to be living with kin as white children. Black African children made up around 3% of all children in England in 2001, but over 9% of children living with kin.
- Most (44%) children living with kin in England were living with grandparents. One child in six (17%) living with kin was living with an unspecified relative, such as an uncle, aunt or cousin. More than a third of children (38%, around 54,500 children) living with kin were living with a sister or brother.

- Poverty and deprivation were common in kinship households. Two-thirds (67%) of children living with kin lived in households in the poorest 40% of areas. 1 in 43 children in households in the poorest areas lived in kinship care, compared to 1 in 200 in the richest areas. Children experiencing multiple non-monetary deprivations were three times more likely to be living with relatives than children who did not experience such deprivations.



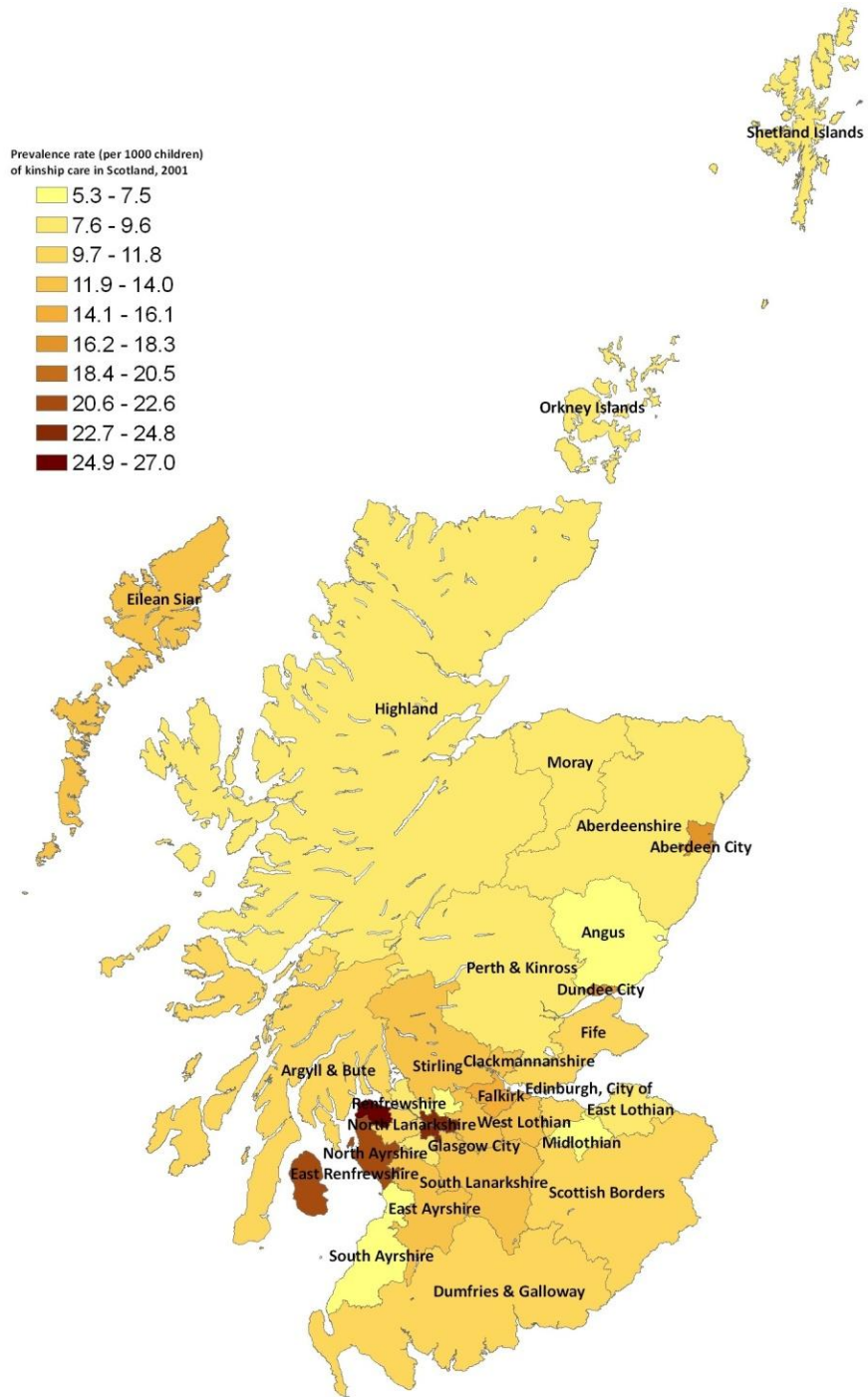
Chapter 5 Children in Kinship Care in Scotland in 2001

The 2001 Census data provide an opportunity to see whether or not patterns of kinship care in the UK differ between countries. We might ask: Is it the case that older children in Wales, Scotland or Northern Ireland are more likely than younger children to live with relatives, as was seen in England? Are there similar relationships in these countries between ethnicity, social deprivation and the prevalence of kinship care? This chapter answers these questions for Scotland

SCOTLAND

The Census showed around 1.1 million children were living in Scotland in 2001. Analysis of Census data showed about 1.3% of all children in Scotland lived with kin. This rate is higher than the 0.9% rate of 1991 based on the IPUMS data. This suggests there were around 15,400 children (9% of all children living in kinship care in the UK) living in Scotland in 2001. Figure 5.1 maps the prevalence of children living with kin in Scotland at that time. The highest prevalence rates were in Glasgow City, with 24 in every 1000 children living with relatives; Inverclyde had 27 per 1000 children living with kin.

Figure 5.1: Prevalence of Kinship Care among Children in Scotland, 2001

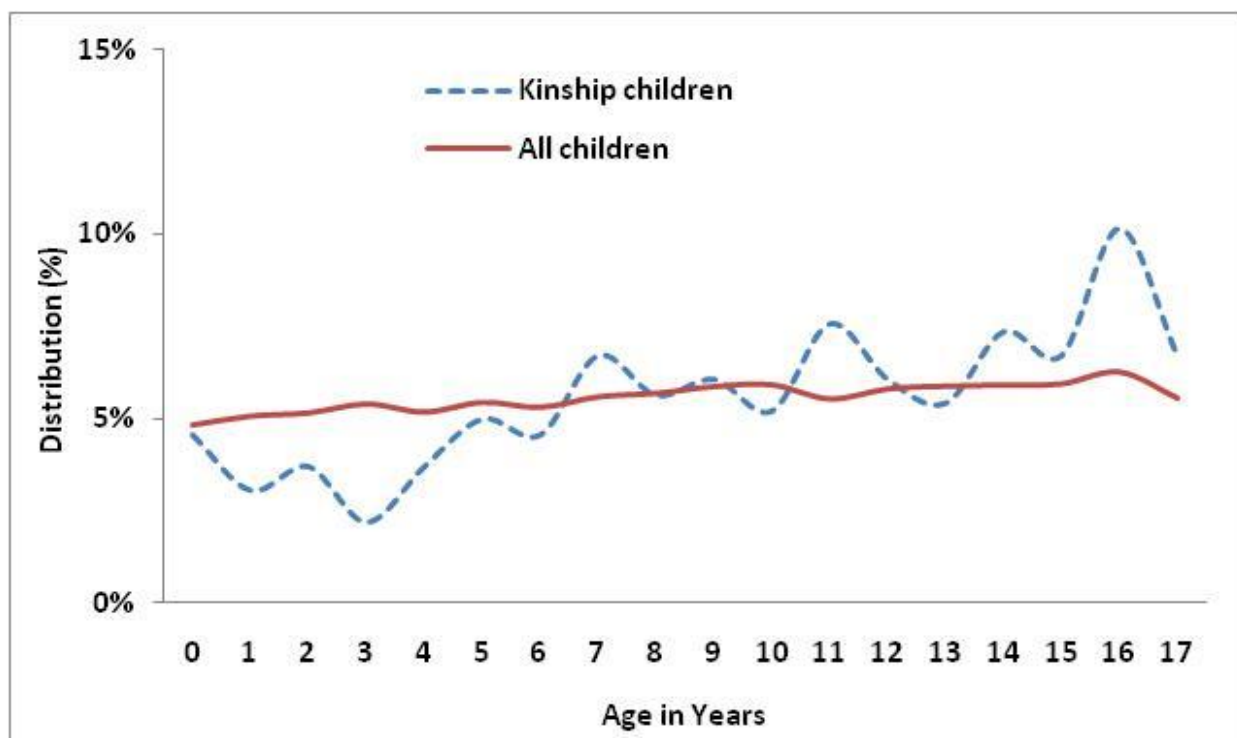


Source: Prevalence rates calculated from 2001 I-CAMS data

AGE AND GENDER OF CHILDREN IN KINSHIP CARE IN SCOTLAND

As in England, very young children in Scotland accounted for a smaller proportion of the kinship care population (see Figure 5.2). However, the age at which children in kinship care began to constitute larger shares of the total kinship care population (compared to their share among the general population of children) was lower than that seen in England, at around seven years old.

Figure 5.2: Age Distribution (%) of the Child Population and Children in Kinship Care in Scotland, 2001



Source: Calculated from 2001 I-CAMS data

As in England, the prevalence rate of kinship care (Table 5.1) increased with the age of the child, with the highest rates among children aged 15-17 years (1.7%, 3,600). However, there was a less uniform pattern by age and gender; rates of kinship care among very young children in Scotland (0 to 4 years) were lower than in England, but higher for all other age groups.

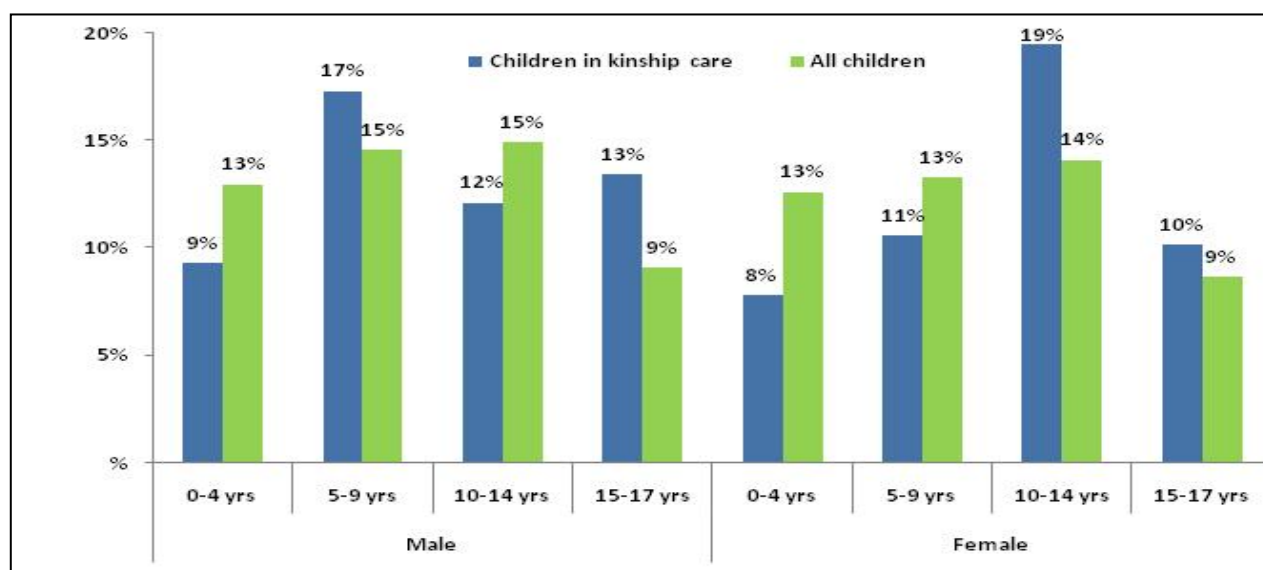
Table 5.1: Kinship Care in Scotland, by Age Group, 2001

Age group	Number of Children in kinship care	Prevalence rate (%)	Distribution (%)
0-4	2,633	0.9	17
5 to 9	4,300	1.3	28
10 to 14	4,867	1.4	32
15 to 17	3,633	1.7	24
Scotland	15,433	1.3	100

Source: Calculated from 2001 I-CAMS data

Figure 5.3 shows how the populations of all children and children living with kin were distributed in Scotland in 2001. Both boys and girls were over-represented in the oldest age group.

Figure 5.3 Distribution (%) of Children in Kinship Care and all Children in Scotland, by Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

Patterning by age was less uniform than that seen in England (i.e. there are variations up and down). For example, boys aged 5-9 years were over-represented among children in kinship care, but girls of the same age were not. Girls were over-represented in the 10-14 year age group, where they represented 19% of all children in kinship care compared to only 14% of all children in Scotland.

ETHNICITY OF CHILDREN IN KINSHIP CARE IN SCOTLAND

In 2001, nearly all (98%) children in Scotland were white, with only around 2% of children from non-white ethnicities (see Table 5.2). Given the relatively low number of children from ethnic minority backgrounds in Scotland the different ethnic groups were merged into 2 categories: 'White' and 'Non-White'. As in England, children from non-White backgrounds were over-represented in the kinship population. They accounted for 5% of children in kinship care, more than twice their representation in the child population of Scotland.

Table 5.2: Kinship Care Population in Scotland, by Ethnicity, 2001

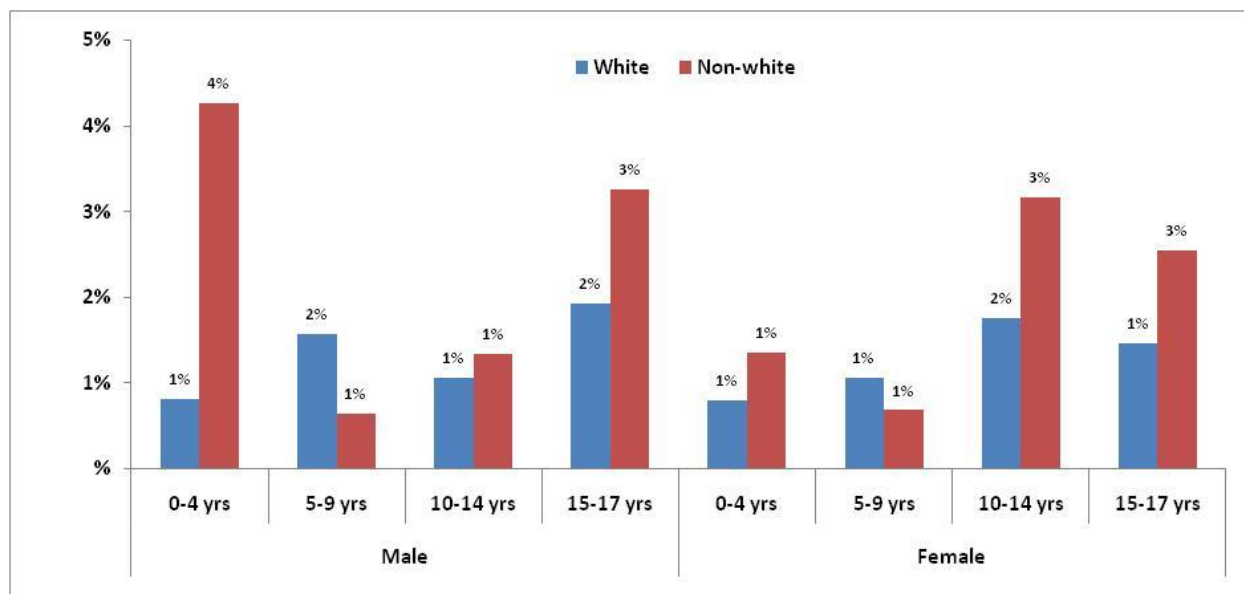
	Number of children in kinship care	Distribution %
White	14,533	94.2
Non-White	767	5.0
Total	15,300	99.1
<i>Missing data on ethnicity</i>	133	0.9
Total	15,433	100.0

Source: Calculated from 2001 I-CAMS data

ETHNICITY, AGE AND GENDER

While non-White children were more likely to be cared for by relatives, prevalence rates were not the same across all age and gender groups (see Figure 5.4). Non-white boys aged 0-4 years were particularly over-represented in kinship care in Scotland.

Figure 5.4: Prevalence Rates (%) of Kinship Care in Scotland by Ethnicity, Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

Table 5.3 shows the distribution of children in kinship care in Scotland, as well as the distribution of all children, by age, gender and ethnic group. Shaded cells make clear which groups of children were overrepresented in the kinship care population. Girls were not over-represented in the younger age groups, but were when aged 10 years and older.

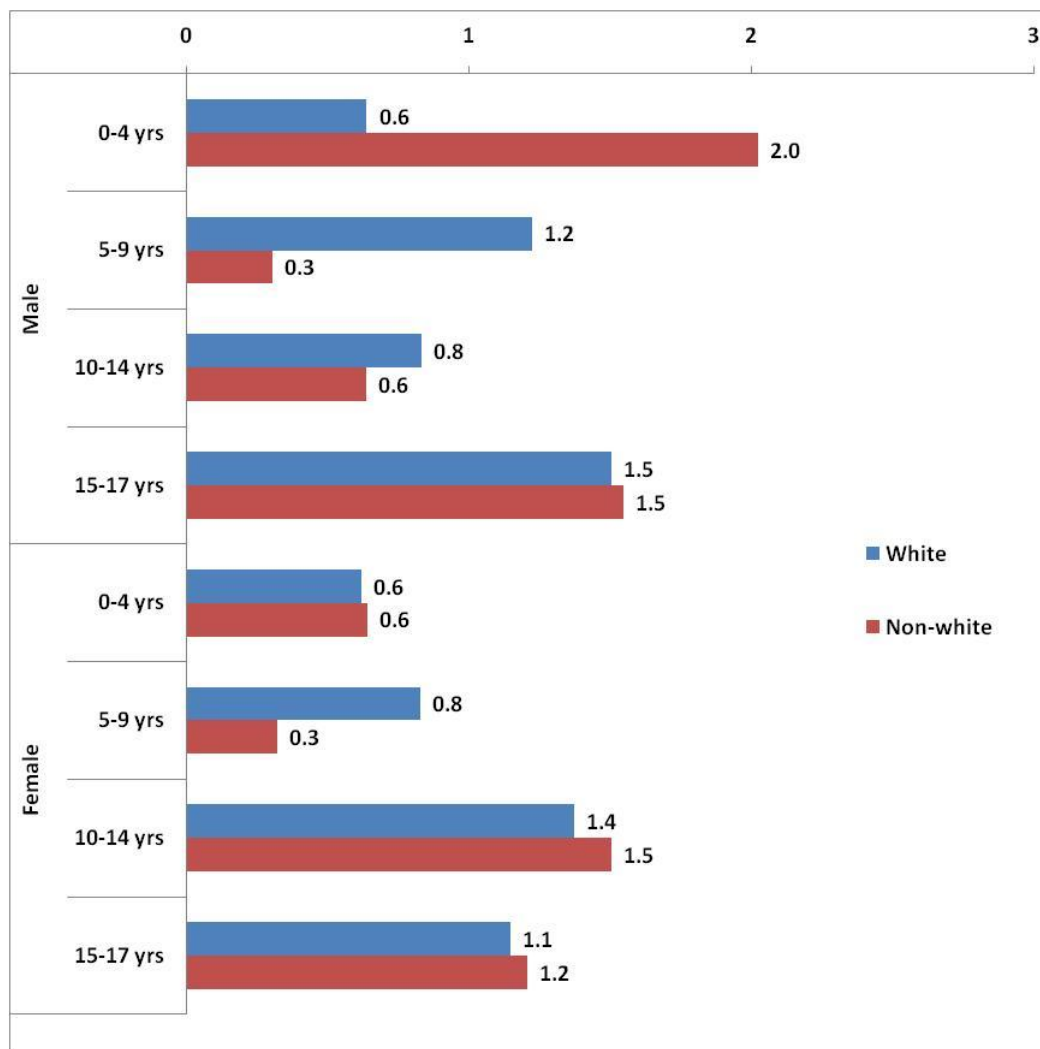
Table 5.3: Distribution (%) of Children in Kinship Care and all Children in Scotland, by Age, Gender and Ethnicity, 2001

		White children in kinship care	All white children	Non-white children in kinship care	All non-white children
Male	0-4 yrs	8	13	30	15
	5-9 yrs	18	15	4	14
	10-14 yrs	12	15	9	14
	15-17 yrs	14	9	13	8
Female	0-4 yrs	8	13	9	14
	5-9 yrs	11	13	4	13
	10-14 yrs	19	14	22	14
	15-17 yrs	10	9	9	7
Total		100	100	100	100

Source: Calculated from 2001 I-CAMS data

The most overrepresented group was non-White boys in the youngest age group whose distribution in the kinship care population was twice that in the general population (Figure 5.4).

Figure 5.5: Ratio of Children by Age, Gender and Ethnicity in Kinship Care to all Children, Scotland 2001



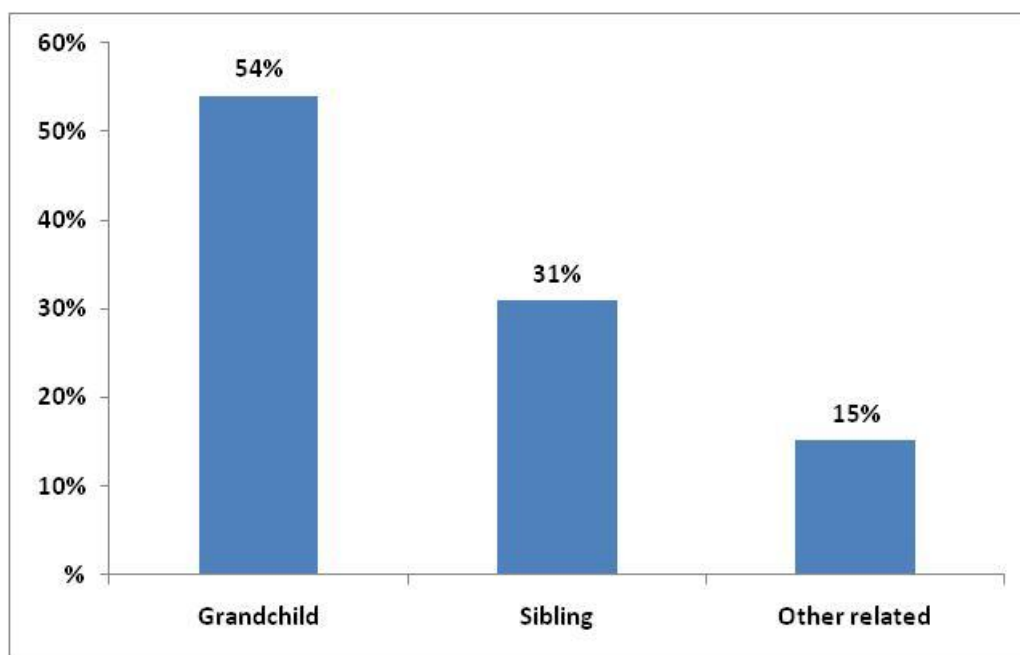
Source: Calculated from 2001 I-CAMS data

CHILD'S RELATIONSHIP TO THEIR KIN CARERS

A larger proportion of children in Scotland (54%, around 8,300 children) were living with grandparents than in England (44%) but a smaller proportion was living with a brother or sister (31%, around 4,800) than in England (38%). One in seven children in kinship care in Scotland (15%, around 2,300) lived with other relatives (see Figure 5.6). Detailed examination of the household relationship matrix confirmed that most sibling kinship carers in Scotland (90%), were the eldest

household member, and only a small proportion (3%) of these had an older relative living in the home.

Figure 5.6: Relationship of Children to Kinship Carer, Scotland, 2001 (N=15,433)

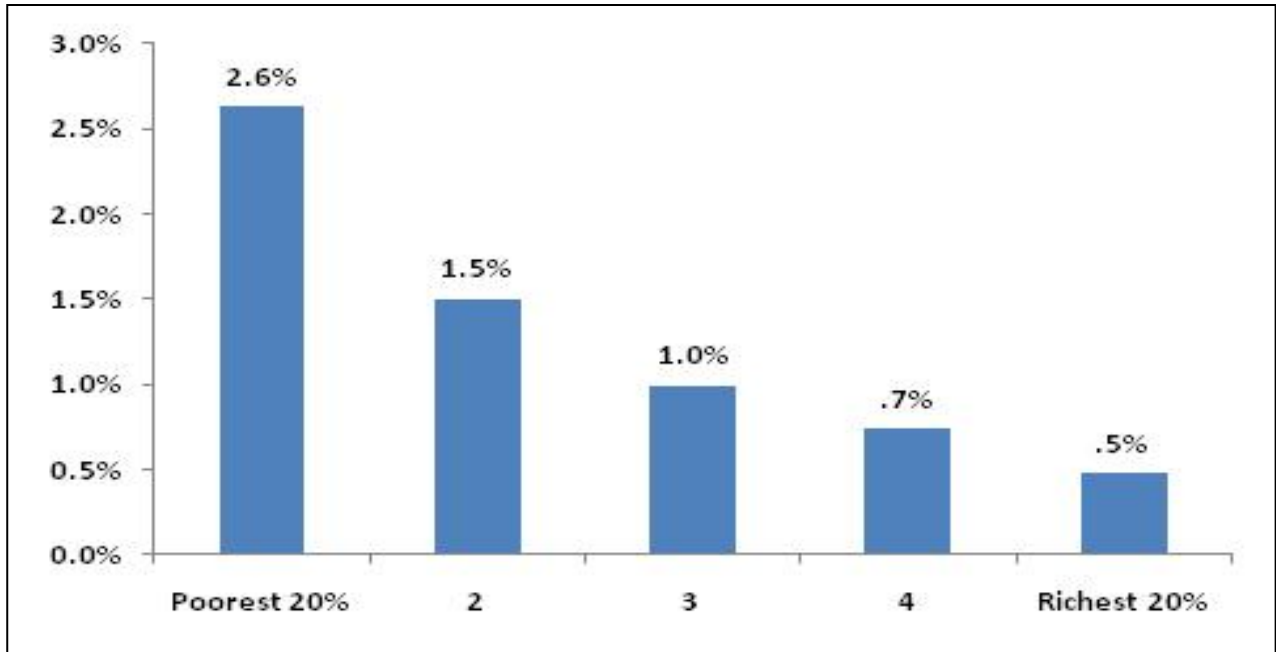


Source: Calculated from 2001 I-CAMS data

HOUSEHOLD POVERTY AND DEPRIVATION

There was a clear relationship between poverty and the prevalence of kinship care in England with prevalence rates five times higher among children living in poorer areas. A similar pattern was apparent in Scotland (see Figure 5.7) with prevalence rates highest in the poorest areas and lowest in the richest. The rate (2.6%) among children in the poorest quintile was around five times that of children in the richest quintile (0.5%).

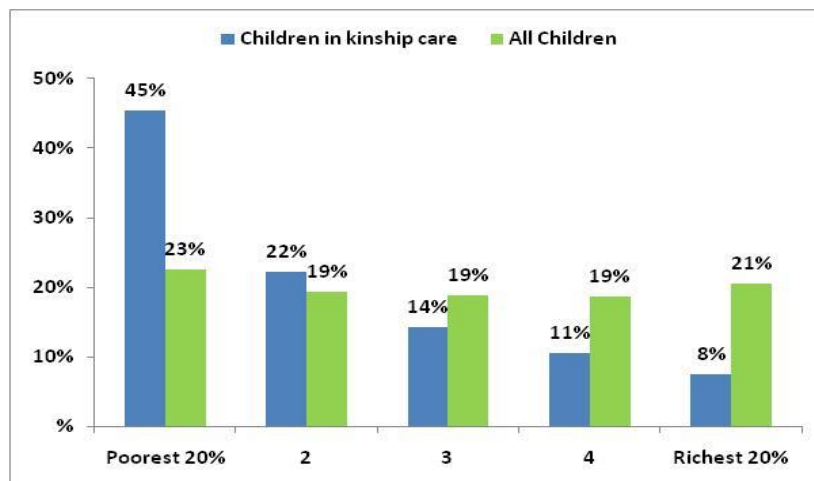
Figure 5.7: Prevalence Rates of Kinship Care by IMD Income Quintile, Scotland, 2001



Source: Calculated from 2001 I-CAMS data

The distribution of children living with kin by IMD income group was almost identical to that of England, with children in the poorest quintile overrepresented (Figure 5.8). As in England, around two thirds (67%) of children living in kinship care in Scotland lived in households in the poorest 40% of areas.

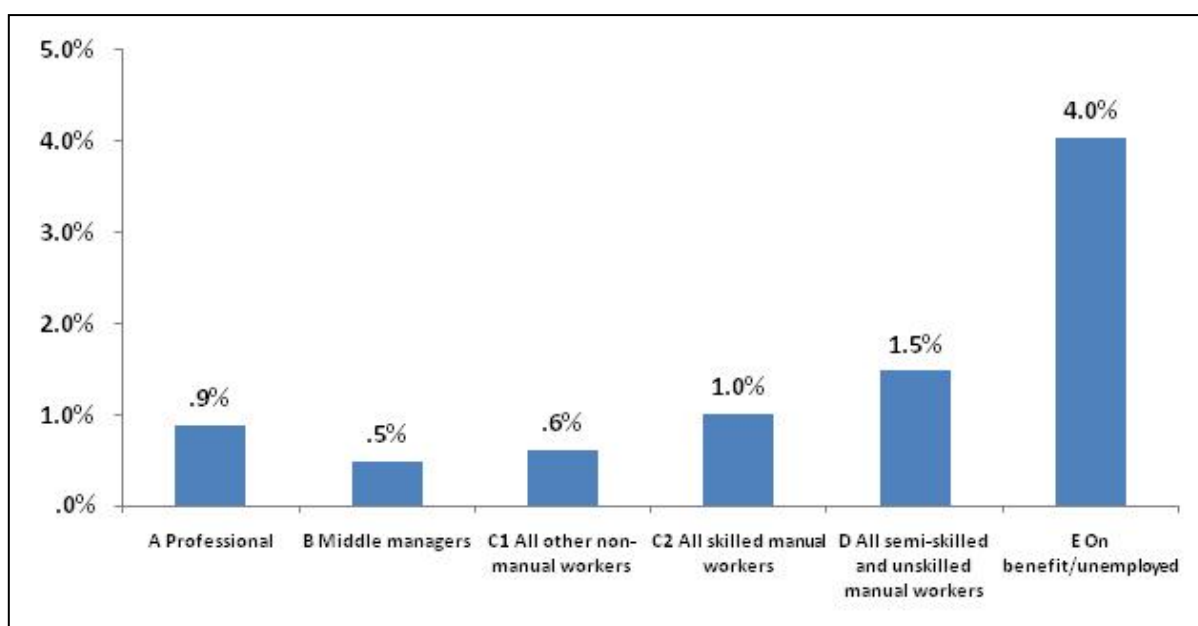
Figure 5.8: Distribution of Children in Kinship Care and all Children by IMD Income Quintile, Scotland, 2001



Source: Calculated from 2001 I-CAMS data

When we examined kinship prevalence in Scotland by the occupational social class of the HRP, the relationship with socio-economic position was even clearer (Figure 5.9). While the prevalence of kinship care in the top 3 grades (A, B and C) were relatively low (less than 1%), in social grade E, the prevalence rate of kinship care was 4%; 1 in 25 of all children from Social Class E were living with relatives, compared to 1 in 111 in social grade A. The prevalence rate in Scotland among children in group E (4%) was, slightly less than that seen in England (4.5%). These figures confirm the similar relationship between poverty and the prevalence of kinship care in both Scotland and England.

Figure 5.9: Prevalence Rates of Kinship Care by the Occupational Social Class of the Household Reference Person, Scotland 2001



Source: Calculated from 2001 I-CAMS data

Supporting data on deprivation came from an analysis using the Child Deprivation Index (CDI) developed by Danny Dorling and colleagues (Dorling et al., 2007). Using this CDI, we now know that over three-quarters (76%, or 11,700 children) of Scottish children in kinship care experienced two or more deprivations, compared to around 38% of children in the general child population of Scotland.

Once we controlled for factors like age, sex, ethnicity and socio-economic position, we were able to see what differences in kinship care remained.

Age: compared to children aged 0-4 years, the number of older children in Scotland living with kin was statistically significant. The odds of living with kin increased by 48% for children aged 5-9 years, by 58% for children aged 10-14 years, and by 94% for children aged 15-17 years.

Gender: girls appeared less likely to be living with kin, than boys, but the difference was not statistically significant.

Ethnicity: Non-White children in Scotland were significantly (around 45%) more likely than White children to be living with kin, once age, gender, and SES quintiles were taken into account.

Poverty and non-monetary deprivation: The odds of a child living with kin increased with poverty. Children living in the poorest areas were 2½ times more likely than children in the richest areas to be living with kin. Children experiencing two or more non-monetary deprivations were four times more likely to be living with kin, compared to children not multiply deprived. Once again it is not possible to say if these children were poor before moving to live with kin, (just that they were living in the poorest areas and most deprived households).

Census data show that the patterning and prevalence of kinship care in Scotland in 2001 mirrored that of England. Older children, children from deprived households, and children from minority ethnic group backgrounds were all significantly more likely to be living with relatives.

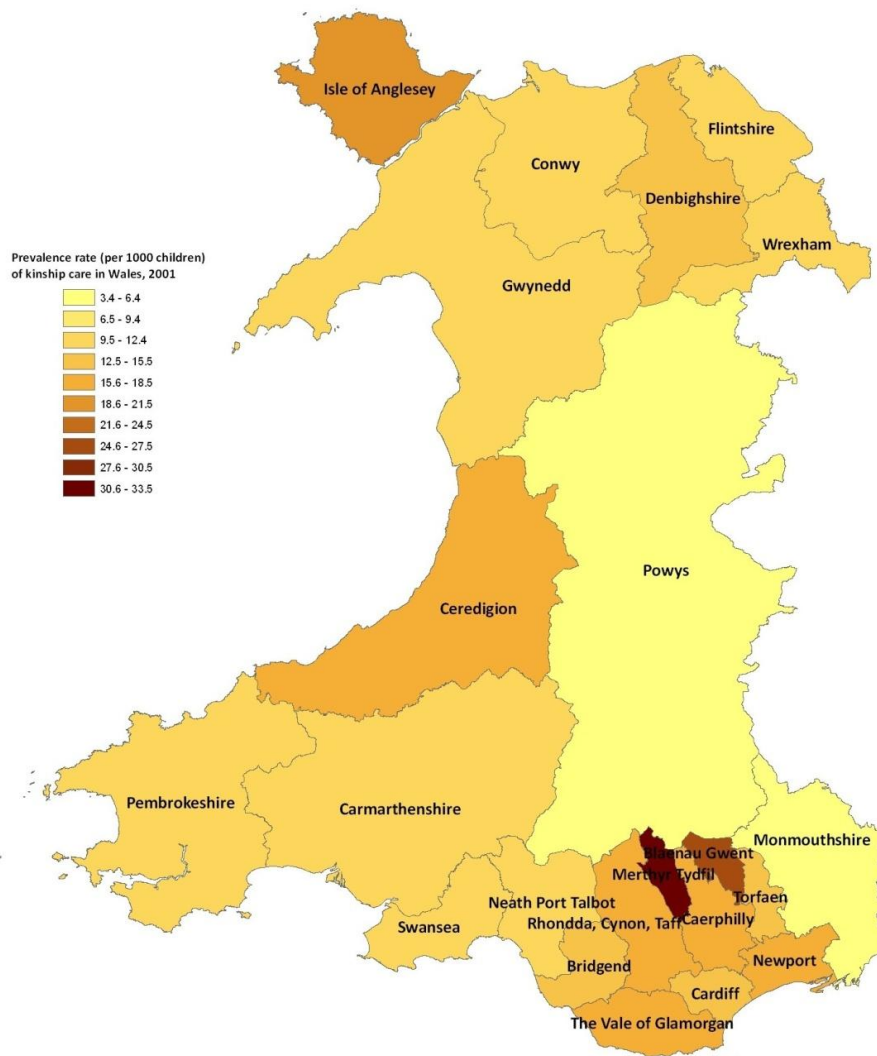
SUMMARY

- In Scotland in 2001, 1.3% of all children were living with a relative, a total of 15,400 children, i.e. about one in every 77 children in the general population was being cared for by a relative. Many areas of Scotland had low prevalence rates but there were pockets of high prevalence especially in Glasgow City and Inverclyde, with 24 and 27 per 1000 children living with relatives respectively.
- The prevalence rate of kinship care rose with the child's age, with the highest rates among children aged 15-17 years. There were smaller proportions of children aged 0-4 years in kinship care than in England, but larger in every other age group.
- Boys were slightly more likely than girls to be living with relatives, but the difference was not statistically significant once other factors were taken into account.
- Most (98%) children in Scotland in 2001 were white. Yet non-white children accounted for 5% of all the children in kinship care. This was more than double their representation in the child population as a whole. This was particularly the case for non-white boys aged 0-4 years.
- In comparison with England a larger proportion of children (54%) in Scotland were being cared for by a grandparent, slightly fewer by a sibling (31%) and 15% by an 'other' relative.
- Over two thirds (67%) of children living in kinship care in Scotland lived in households in the poorest 40% of areas. 1 in every 25 children living in Scottish workless households was living with a kinship carer.
- Children experiencing multiple non-monetary deprivations were around four times more likely to be living with a relative than children who did not experience any deprivations.

Chapter 6 Children in Kinship Care in Wales in 2001

The 2001 Census showed that 662,400 children were living in Wales. Of these, around 1.4% (or around 9,200 children) was living with relatives – accounting for around 5% of the total kinship care population of the UK in 2001. The prevalence of kinship care in Wales in 2001 was slightly higher than that of England and Scotland. Figure 6.1 shows how the prevalence of kinship care was patterned across Wales in 2001. The highest rates of prevalence were found in Merthyr Tydfil (33/1000) and Blaenau Gwent (26/1000).

Figure 6.1: Prevalence (per 1000 children) of Kinship Care among Children in Wales, 2001

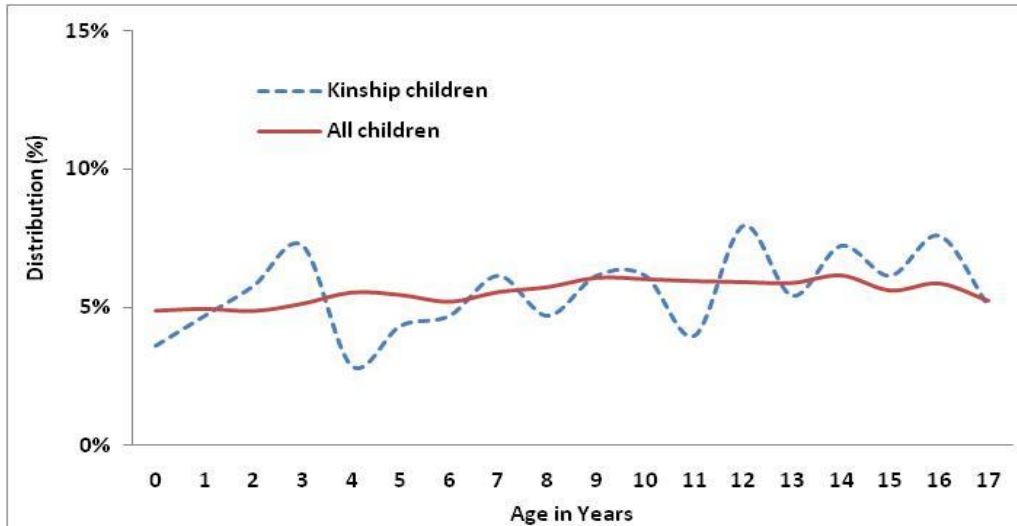


Source: Prevalence rates calculated from 2001 I-CAMS data

THE AGE AND GENDER OF CHILDREN LIVING IN KINSHIP CARE IN WALES

In contrast to England and Scotland, very young children (aged 1-3 years) accounted for larger than expected shares of the kinship care population compared to all children (Figure 6.2).

Figure 6.2: Age Distribution (%) of the Child Population and Children in Kinship Care in Wales, 2001



Source: Calculated from 2001 I-CAMS data

The pattern of child and kinship care population distributions also differed from England and Scotland. It was more mixed, but still the highest prevalence rate was seen for young people aged 15-17 years, (Table 6.1).

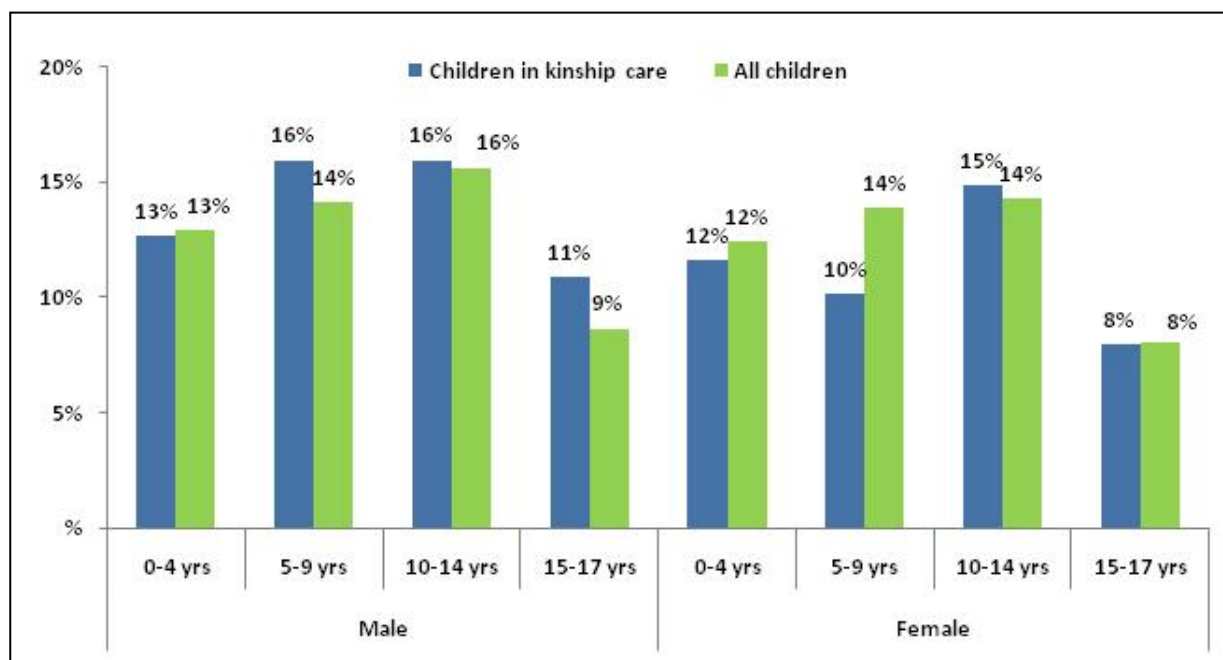
Table 6.1: Kinship Care in Wales, by Age Group, 2001

Age group	Number of Children in kinship care	Prevalence rate (%)	Distribution (%)
0 to 4	2,233	1.3	24.3
5 to 9	2,400	1.3	26.1
10 to 14	2,833	1.4	30.8
15 to 17	1,733	1.5	18.8
Wales	9,199	1.4	100.0

Source: Calculated from 2001 I-CAMS data

The population distribution of children living in kinship care in Wales was different for boys and girls (Figure 6.3), while boys in kinship care were over-represented for all but the youngest age group, girls were only over-represented in the 10-14 age group.

Figure 6.3: Distribution (%) of Children in Kinship Care and all Children in Wales, by Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

ETHNICITY OF CHILDREN IN KINSHIP CARE IN WALES

Most children (96%) living in Wales were White with about 4% from a minority ethnic background. Table 6.2 shows the distribution of kinship care and number of children by ethnicity and can be compared to the ethnicity of children in Wales more generally (see Appendix 2). Data on ethnicity were missing for around 1% children in kinship care in Wales.

Table 6.2: Kinship Care Population in Wales by Ethnicity, 2001

	Number of Children living in Kinship care	Percent
White	8,200	89.1
Mixed	400	4.3
Other White	267	2.9
Asian	167	1.8
Black	33	0.4
Other	33	0.4
Total	9,100	98.9
<i>Missing data on ethnicity</i>	100	1.1
Total	9,200	100.0

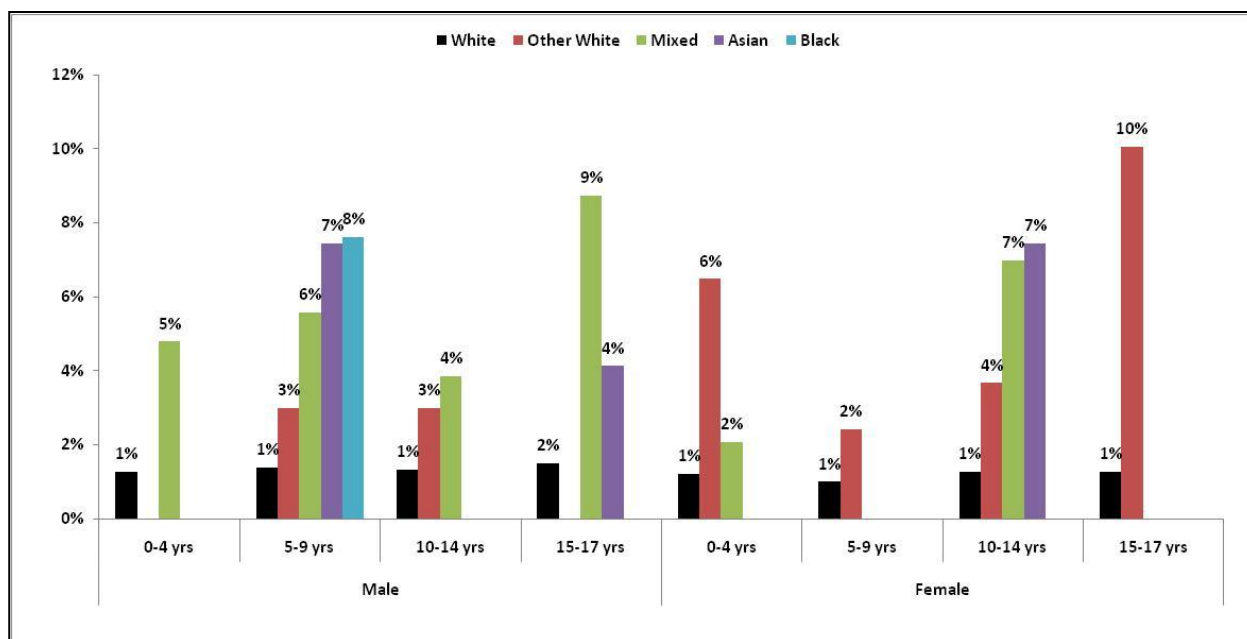
Source: Calculated from 2001 I-CAMS data

Overall, White children were under-represented in kinship care and Black and Asian children only slightly over-represented. In Wales, it was the mixed ethnicity children who accounted for over 4% of children living with kin, nearly four times their representation in the population as a whole (1.4%). However, within each ethnic group there were differences by age and gender.

ETHNICITY, AGE AND GENDER

In Wales prevalence rates of kinship care were lowest amongst white children (Figure 6.4). Boys of mixed ethnicity had the highest rates of prevalence for three out of four age groups, namely 0-4 years (4.8%), 10-14 years (3.9%) and 15-17 years (8.7%). For girls, it was children of 'Other White' backgrounds who had the highest rates of kinship care prevalence for three out of four age groups (0-4, 5-9, 15-17), although girls from Asian backgrounds had the highest prevalence in the 10-14 year old age group (7%). The prevalence of kinship care across most age groups for all ethnic groups was higher in Wales than in England. That said higher prevalence rates should be seen in the context of relatively low numbers of children from non-white backgrounds (around 22,000) in Wales.

Figure 6.4: Prevalence Rates of Kinship Care in Wales by Ethnicity, Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

Figure 6.4 shows the distribution of child and kinship care populations in Wales, by age group, ethnicity and gender. Once again, given the small number of children in some of the disaggregated ethnic groups, some figures need to be interpreted with caution (Table 6.3). For example, *all* children in kinship care identified as being from ‘Other’ ethnic backgrounds in kinship care were boys aged 15-17 years. On the whole, the pattern of kinship care among white children in Wales (who constituted 98% of the total), was similar to the overall child population. Children of mixed backgrounds were over-represented in four out of eight groups, three of which were among boys (0-4 years, 5-9 years, and 15-17 years).

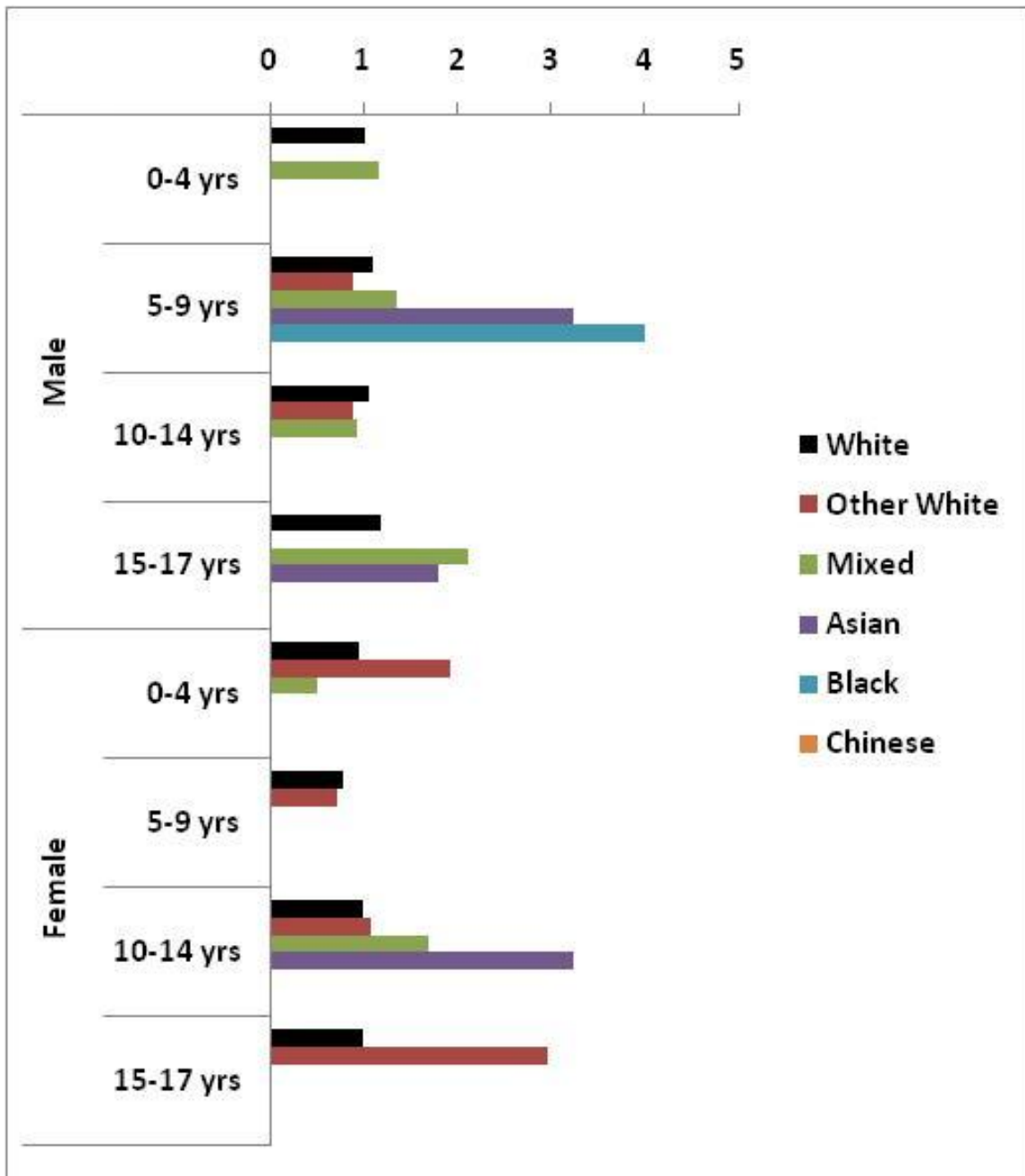
Table 6.3: Distribution (%) of Children in Kinship Care and all Children in Wales, by Age, Gender and Ethnicity, 2001

	White children in Kinship care	All White children	Other white children in Kinship care	All Other white children	Mixed children in Kinship care	All Mixed children	Asian children in Kinship care	All Asian children	Black children in Kinship care	All Black children	Other children in Kinship care	All Other children
Male, 0-4 yrs	13	13		14	17	14		14		13		15
Male, 5-9 yrs	15	14	12	14	17	12	40	12	100	25		15
Male, 10-14 yrs	16	16	12	14	17	18		17		19		21
Male, 15-17 yrs	10	9		8	17	8	20	11		4	100	9
Female, 0-4yrs	12	12	25	13	8	17		18		13		12
Female, 5-9 yrs	11	14	12	17		9		11		12		9
Female, 10-14yrs	14	14	12	11	25	15	40	12		12		15
Female, 15-17yrs	8	8	25	8		7		5		2		6
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Calculated from 2001 I-CAMS data

Figure 6.5 shows the ratios of over-representation for ethnic groups in Wales; given the relatively low numbers of children in non-White groups, no comment can be made regarding the seemingly high ratios among some groups, (e.g. Black boys aged 5-9, Asian girls aged 10-14).

Figure 6.5: Ratio of Children in Kinship Care to all Children by Age, Gender and Ethnicity, Wales, 2001

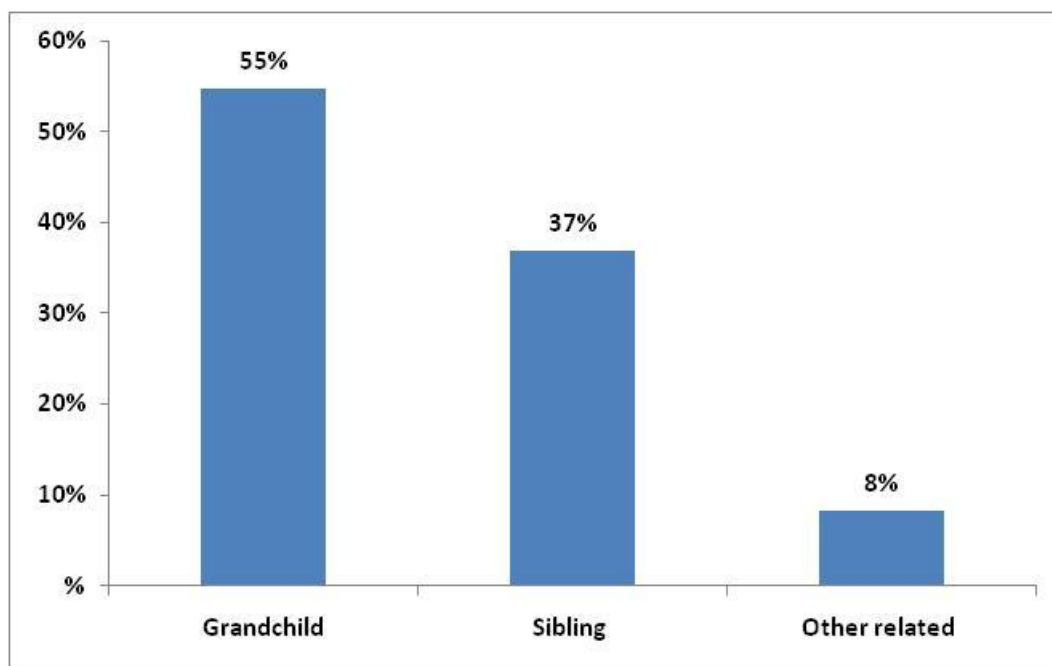


Source: Calculated from 2001 I-CAMS data

CHILD'S RELATIONSHIP TO THEIR KIN CARERS

As in England and Scotland, the majority (55%) of children in kinship care in Wales were the grandchildren of the Household Reference Person (HRP). Just over one third were siblings (Figure 6.6), and 1 in 12 (8%) lived with other relatives (less than in England (17%) and in Scotland (15%)).

Figure 6.6: Relationship of Children to Kinship Carer, Wales, 2010 (N=9,200)



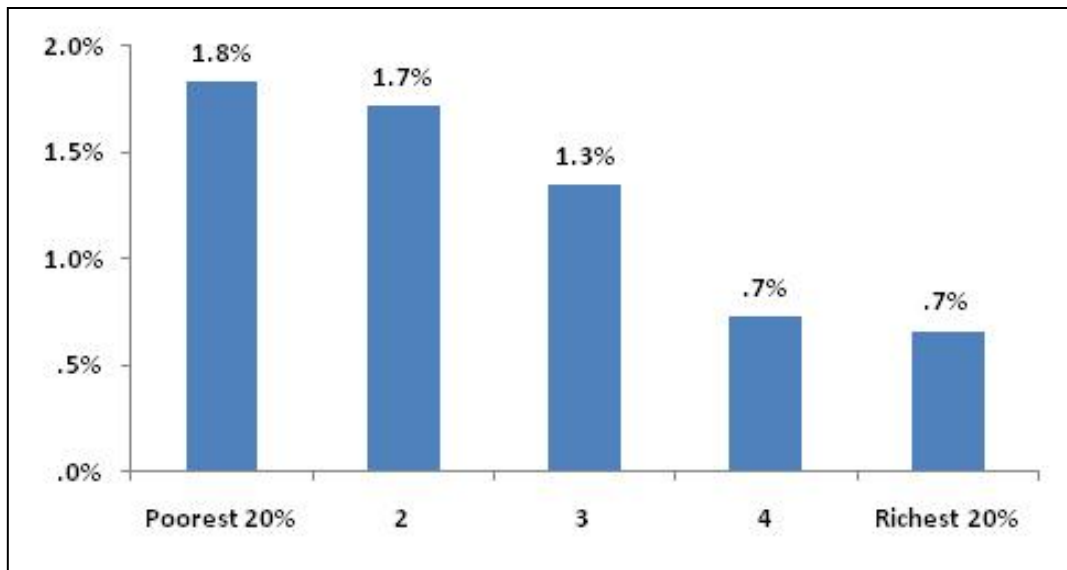
Source: Calculated from 2001 I-CAMS data

Just as in England and Scotland, most (94%) sibling carers in Wales were the oldest household member, and *none* of these households had a grandparent present (as compared to 5% in England and 3% in Scotland).

HOUSEHOLD POVERTY AND DEPRIVATION

Clear patterns in the relationship between poverty and kinship care were also found in Wales. The prevalence of kinship care in Wales increased across the IMD income quintiles (Figure 6.7), just as it did in England and Scotland. Children in the poorest areas in Wales were around three times more likely to be in kinship care compared to those in the richest (in England and Scotland they were five times more likely). This apparently greater equity in Wales is tempered by the fact that the prevalence of kinship care was generally higher across all carers than in England and Scotland, and that salaries in Wales are generally lower than those in England (Family Budget Unit 2002).

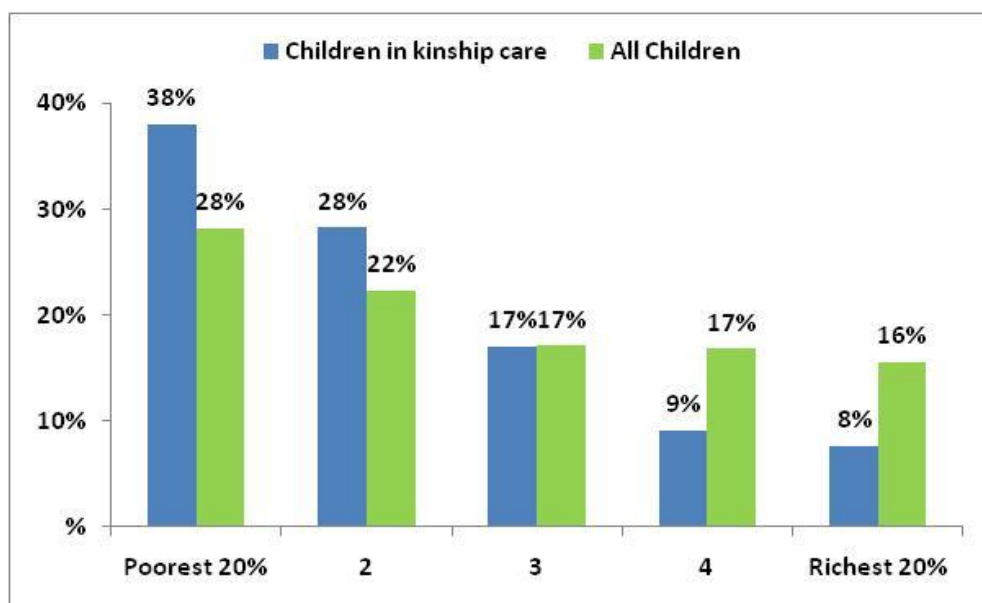
Figure 6.7: Prevalence Rates of Kinship Care by IMD Income Quintile, Wales, 2001



Source: Calculated from 2001 I-CAMS data

Figure 6.8 show the distribution of the kinship care population in Wales. As in England and Scotland, two-thirds (66%) of children living in kinship care in Wales were found in the two poorest quintiles (i.e. the poorest 40% of SOAs). Half of children in Wales lived in the poorest 40% of areas was also revealing.

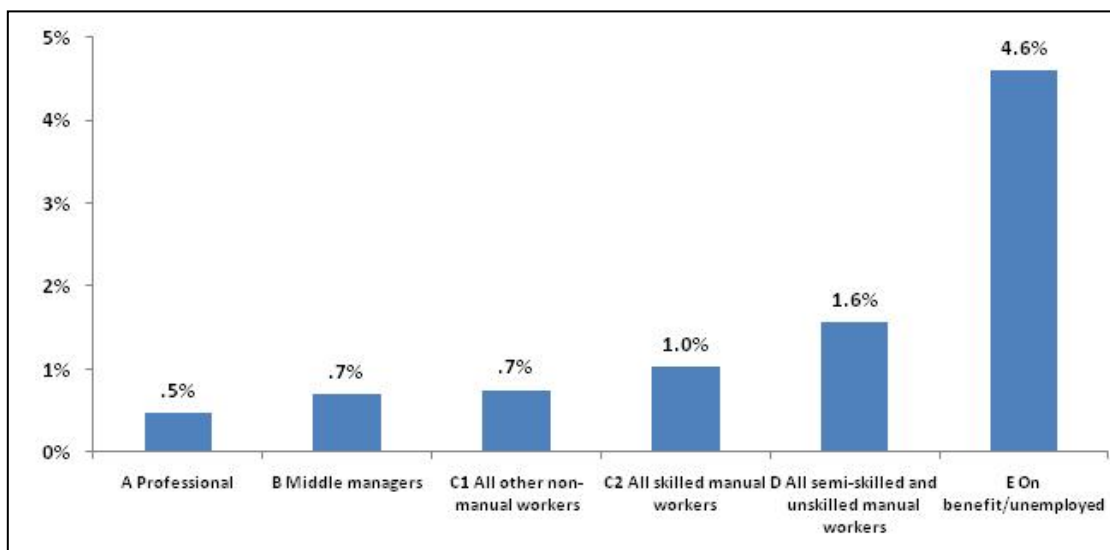
Figure 6.8: Distribution of Children in Kinship Care and all Children by IMD Income Quintile, Wales, 2001



Source: Calculated from 2001 I-CAMS data

There was also a clear relationship between the prevalence of kinship and occupational social class (Figure 6.9). Prevalence rates were lowest among children in social classes A, B and C, and highest among children in class E. In fact, the rate (4.6%) found among children living in kinship households in social class E in Wales was the higher than all other countries in the UK. In 2001, 1 out of every 22 children in Wales whose main carer was in occupational social class E (i.e. on benefits or unemployed) was living in kinship care.

Figure 6.9: Prevalence Rates by Occupational Social Class of HRP, Wales, 2001



Source: Calculated from 2001 I-CAMS data

A smaller proportion of children in kinship care in Wales experienced multiple non-monetary deprivations¹⁹ (67%, 6,133 children) than in either England (70%) or Scotland (76%). The analysis examining the chances of children from different groups living with relatives was repeated in the same way for Wales.

Age: age was an important influence on kinship status. Children in the older age groups (10-14 and 15-17) were more likely (6% and 24% respectively) to be living with relatives, compared to the children in the youngest age group. The differences were statistically significant. The degree of difference by age was less pronounced than in England or Scotland, i.e. older children in England and Scotland were much more likely to be living with kin.

Gender: girls in Wales were less likely (13%) to be living in kinship care compared to boys, and the difference was statistically significant.

¹⁹ See methods chapter.

Ethnicity: ethnicity was a key influence on whether children lived with kin in Wales. Compared to White Welsh children, children of mixed ethnicity and other White backgrounds were nearly 3 times more likely to be living in kinship care. Asian children were more than 1½ times more likely. The differences for children from Chinese and Black backgrounds were not statistically significant, given their small number.

Poverty and non-monetary deprivation: the chances of children being in kinship care in Wales were inversely related to poverty. Children living in the two poorest quintiles were twice as likely as children in the richest quintile to be living with relatives. Children experiencing multiple deprivations were nearly three times as likely to be living with a relative compared with children not deprived.

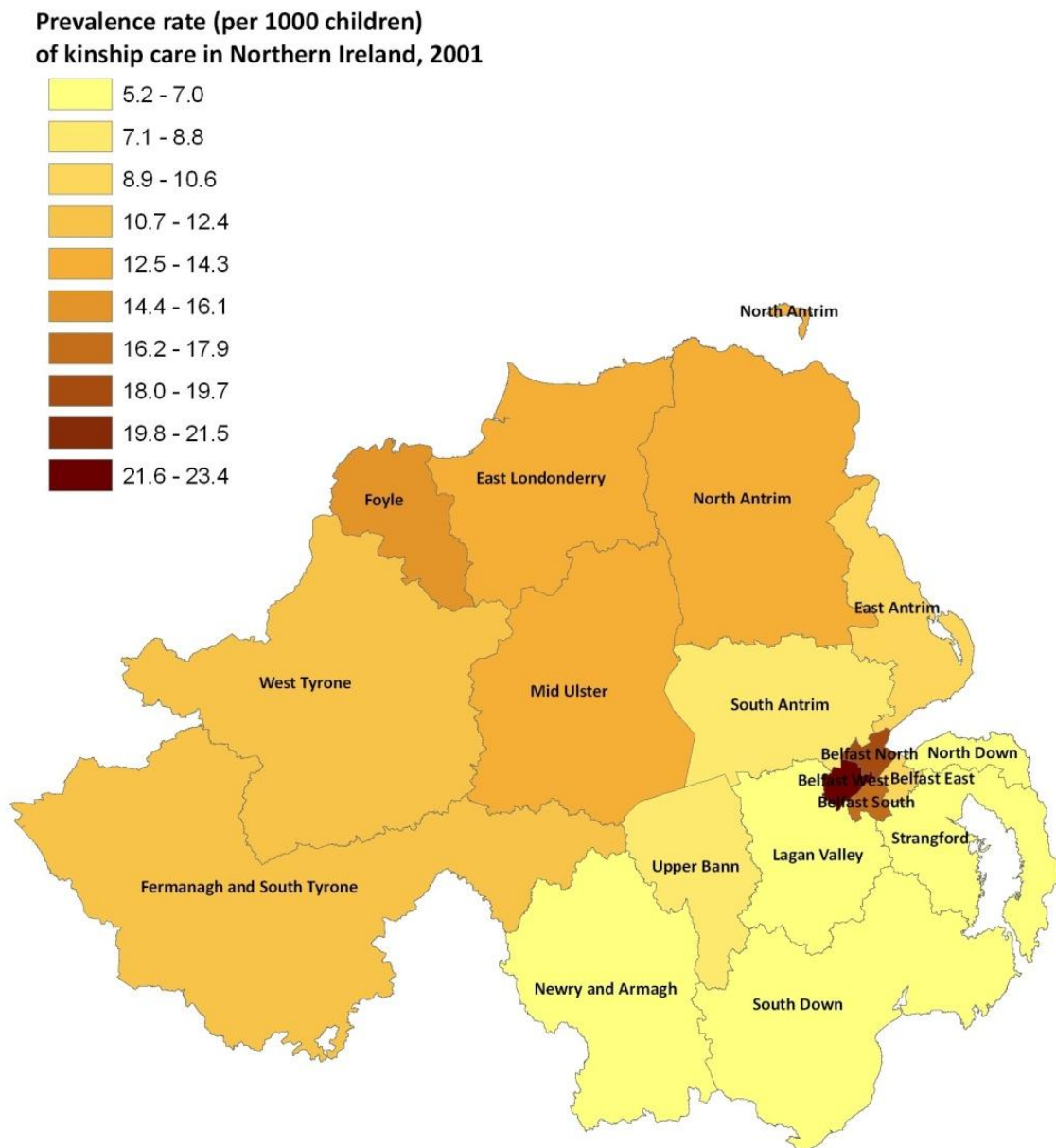
SUMMARY

- In Wales in 2001, 1.4% of children were living with relatives: a total of 9,200 children. This accounted for about 5% of the total kinship population in the UK. The prevalence of kinship care in Wales was slightly higher than that of England or Scotland. Rates of kinship care were highest in Merthyr Tydfil (33 children per 1000) and Blaenau Gwent (26 children per 1000).
- As in the rest of the UK, the prevalence rate of kinship care rose with the child's age, but unlike England and Scotland, prevalence rates were also relatively high in the youngest age group (0-4 years).
- Girls in Wales were less likely to be living in kinship care. The distribution of the kinship population in Wales was different to that in England and Scotland. Girls were only over-represented in the 10-14 years age group while boys were over-represented in all age groups, except the youngest.
- Although the ethnic minority population in Wales was small, boys of mixed ethnicity had high rates of prevalence – e.g. 9% among mixed-ethnicity boys aged 15-17 years old.
- A majority (55%) of children in kinship care in Wales were living with a grandparent, and over one third (37%) lived with a sibling. One in 8 lived with other relatives compared to 1 in 6 children in kinship care in England and 1 in 7 children in kinship care in Scotland.
- Two thirds of children living with relatives in Wales lived in households in the poorest 40% of areas.
- Children experiencing multiple deprivations were three times more likely to be in a kinship household compared to children not multiply deprived.

Chapter 7 Children in Kinship Care in Northern Ireland

The 2001 Population Census found that there were 451,000 children living in Northern Ireland. In relation to children in kinship care, Northern Ireland had the lowest overall rates of kinship care prevalence (1.1%) in the UK in 2001. The estimated 5,200 children in Northern Ireland living with kin accounted for 3% of the UK total. Figure 7.1 shows the patterning of kinship care prevalence in Northern Ireland in 2001. The highest rates were seen in Belfast.

Figure 7.1: Prevalence of Kinship Care among Children in Northern Ireland, 2001

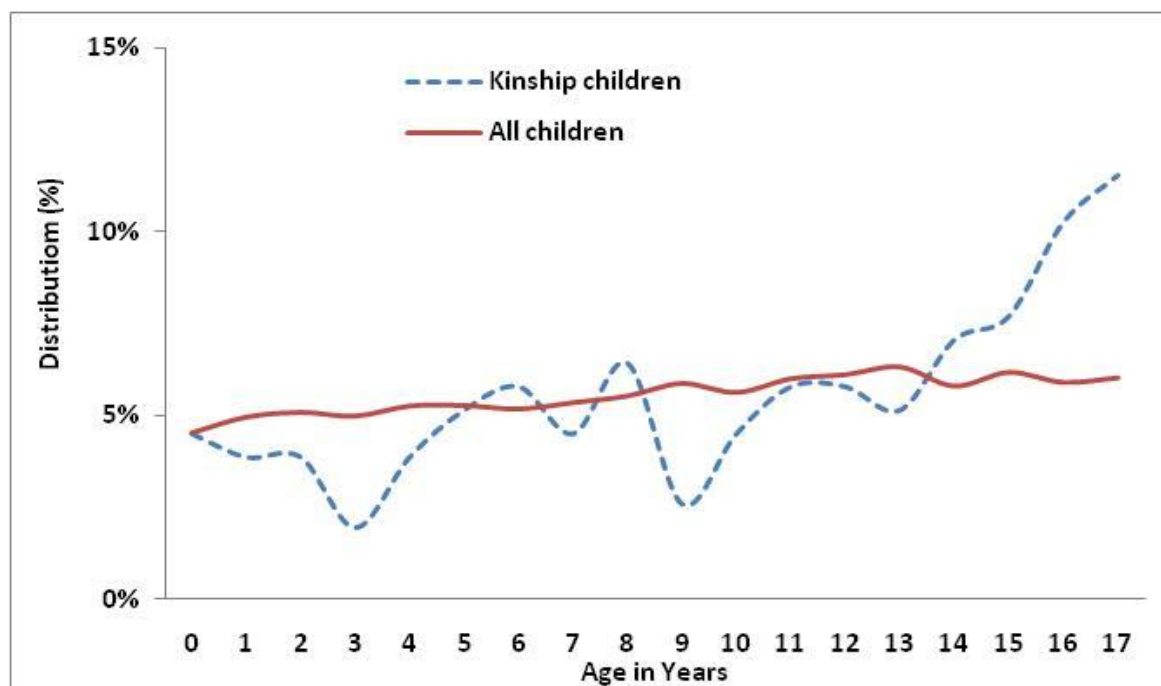


Source: Prevalence rates calculated from 2001 I-CAMS data

AGE OF CHILDREN IN KINSHIP CARE IN NORTHERN IRELAND

As in England and Scotland, young children (aged 0-5 years) in Northern Ireland accounted for less than their expected share of the kinship care population and older children a larger proportion of the kinship care population. Children from 14 years of age and older accounted for increasingly larger shares of the distribution (see Figure 7.2).

Figure 7.2: Age Distribution (%) of the Child Population and Children in Kinship Care in Northern Ireland, 2001



Source: Calculated from 2001 I-CAMS data

Table 7.1 shows how kinship care in Northern Ireland was distributed by age. As with the rest of the UK, prevalence rates in Northern Ireland increased as children got older. While the overall rate of kinship care in Northern Ireland was lower than elsewhere, among children aged 15-17 years, the rate in Northern Ireland (1.8%) was the highest.

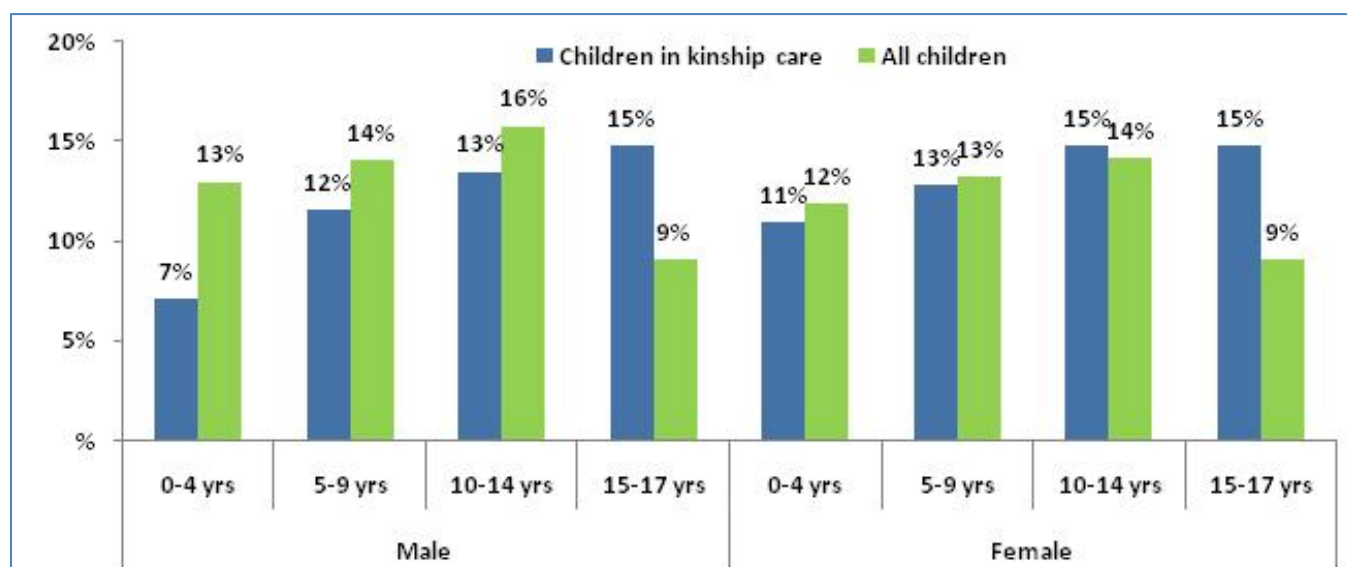
Table 7.1: Kinship Care in Northern Ireland, by Age Group, 2001

Age group	Number of Children in kinship care	Prevalence rate (%)	Distribution (%)
0 to 4	933	0.8	18
5 to 9	1,267	1.0	24
10 to 14	1,467	1.1	28
15 to 17	1,533	1.8	30
Total	5,200	1.1	100

Source: Calculated from 2001 I-CAMS data

Girls were over-represented in the two oldest age groups (10-14, 15-17), while for boys this was only the case when aged 15-17 years (Figure 7.3). Girls accounted for over half (54%) of children living in kinship care in Northern Ireland. The gender differences were particularly marked for children in the youngest age group (0-4 years) where girls were 40% more likely to be living with kin.

Figure 7.3: Distribution of Children in Kinship Care and all Children in Northern Ireland, by Age and Gender, 2001



Source: Calculated from 2001 I-CAMS data

ETHNICITY

Given the relative homogeneity of ethnicity in Northern Ireland (99% white), the 16 non-white ethnic categories were merged into one 'non-White' group. Table 7.2 shows the distribution of the kinship care population by ethnicity; these data can be compared to those on the general population shown in Appendix 4.

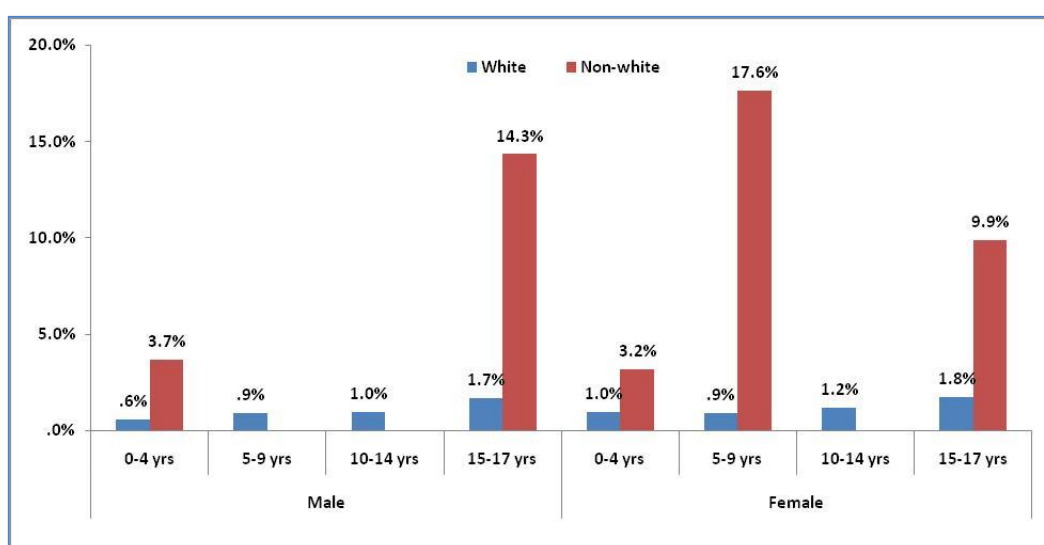
Table 7.2: Kinship Care Population in Northern Ireland by Ethnicity, 2001

	Number of children living in kinship care	Distribution %
White	4,933	95
Non-White	267	5
Total	5,200	100

Source: Calculated from 2001 I-CAMS data

Figure 7.4 shows that the prevalence rates among children in the non-white group were much higher than those for white children, although given the very small numbers of children from non-white backgrounds these rates should be approached with caution (e.g. those for girls aged 5-9 years).

Figure 7.4: Prevalence Rates of Kinship Care by Age, Gender and Ethnicity in Northern Ireland 2001



Source: Calculated from 2001 I-CAMS data

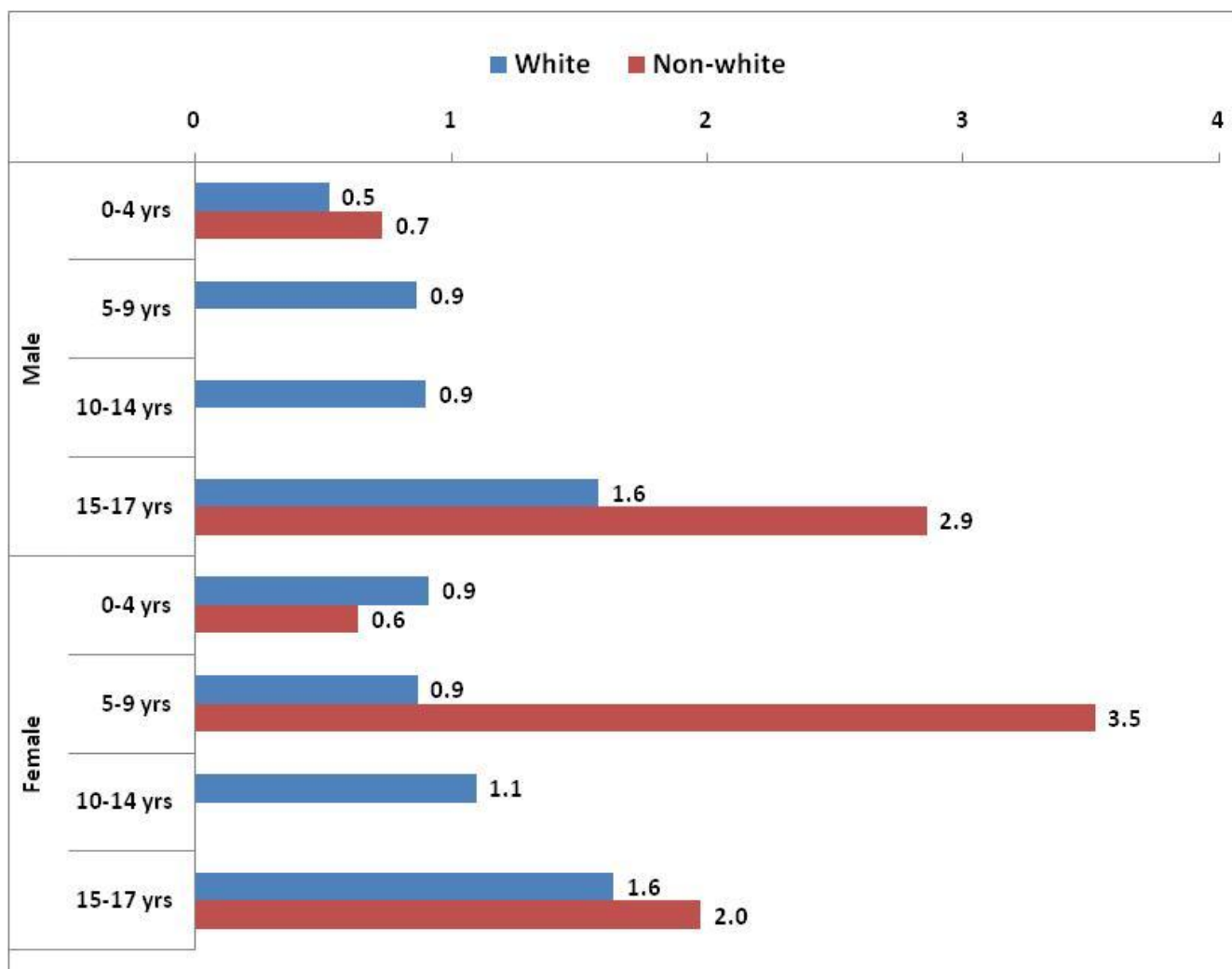
Table 7.3 presents the distribution of children living in kinship care in Northern Ireland, by age, gender and ethnicity. White children in kinship care were over-represented in three groups: boys aged 15-17 years; girls aged 10-14 years and girls aged 15-17 years. Non-white children were over-represented in four groups: boys aged 0-4 years and 15-17 years and girls aged 5-9 years and 15-17 years.

Table 7.3: Distribution (%) of Children in Kinship Care and all Children in Northern Ireland, by Age, Gender and Ethnicity, 2001

		White children in Kinship care	All White children		Non-white children in Kinship care	All non-white children
Male	0-4 yrs	7	13		12	17
	5-9 yrs	12	14		0	15
	10-14 yrs	14	16		0	13
	15-17 yrs	14	9		25	9
Female	0-4 yrs	11	12		12	19
	5-9 yrs	11	13		38	11
	10-14 yrs	16	14		0	9
	15-17 yrs	15	9		12	6
Total		100	100		100	100

The ratio of over-representation was particularly acute for non-white boys aged 15-17 years and non-white girls aged 5-9 years (Figure 7.5)

Figure 7.5: Ratio of Children in Kinship Care to all Children by Age, Gender and Ethnicity in Northern Ireland, 2001

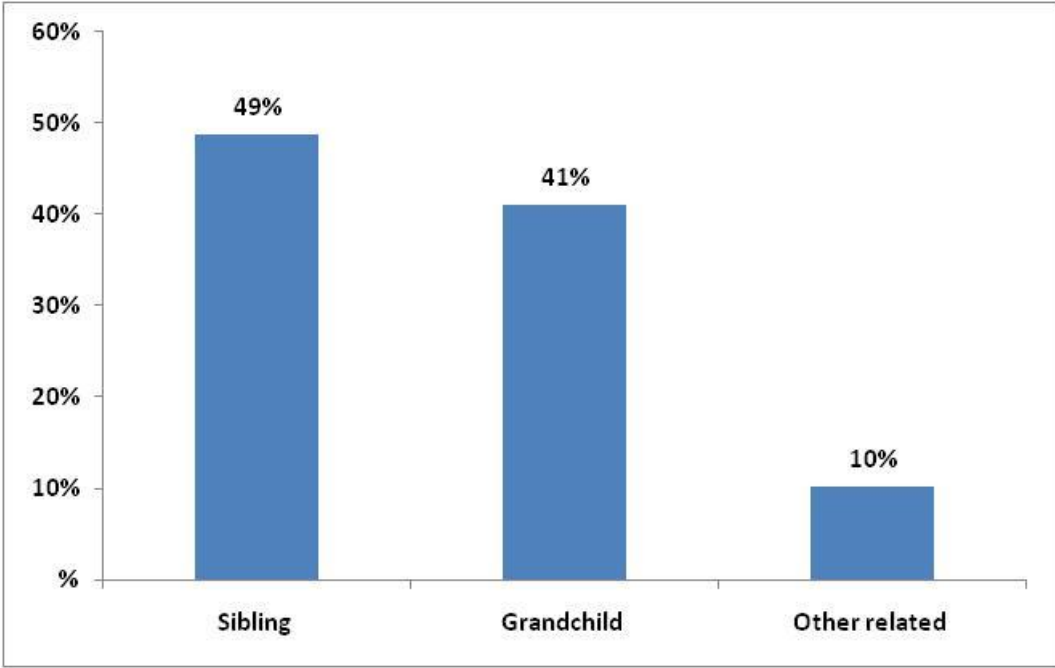


Source: Calculated from 2001 I-CAMS data

CHILDREN'S RELATIONSHIP TO THEIR KIN CARERS

Instead of most children in kinship care being the grandchildren of the HRP, as was the case in England, Scotland and Wales, it appeared that nearly half (49%, around 2,500) of all children in kinship care in Northern Ireland were siblings of the HRP. Four out of 10 (41%, around 2,100) children in kinship care were grandchildren of the HRP, and 1 in 10 (just over 500 children) was living with an 'other relative', a lesser proportion than in Scotland and England, but greater than in Wales (Figure 7.6).

Figure 7.6: Relationship between Child and Kinship Carer, Northern Ireland, 2001 (N=5,200)



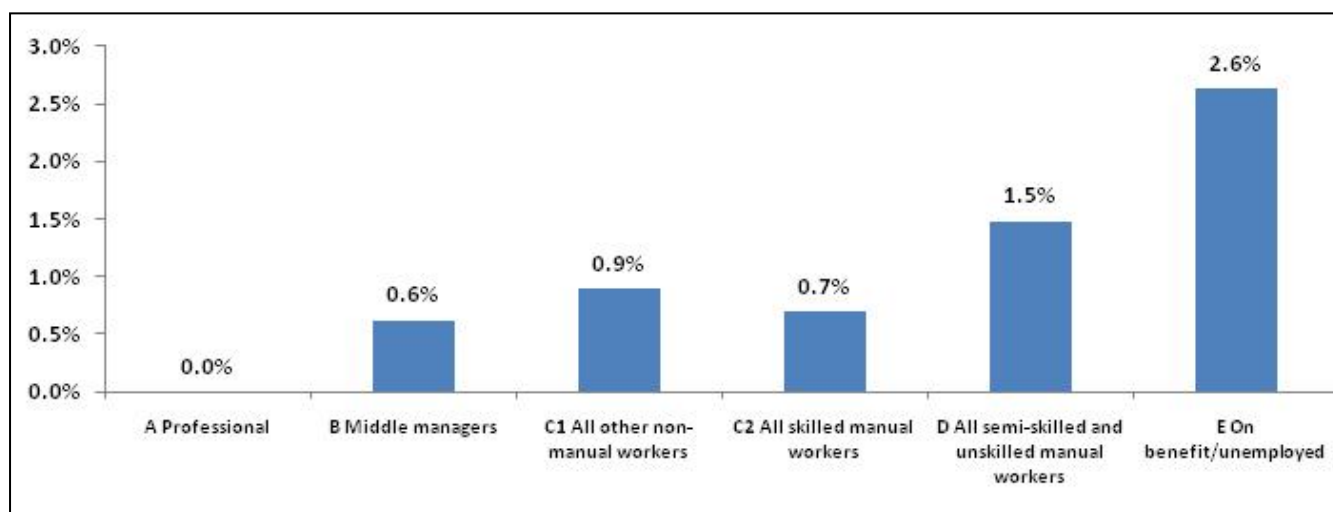
Source: Calculated from 2001 I-CAMS data

Compared to the other countries of the UK, Northern Ireland had the largest proportion of children in kinship care being looked after by siblings. Further examination of household relationship structures in Northern Ireland was not possible given inconsistencies in the data in the household file. This did not affect analyses at the child level which used data from the I-CAMS.

HOUSEHOLD POVERTY AND DEPRIVATION

The 2001 I-CAMS did not include IMD income data for Northern Ireland. The relationship between socio-economic position and kinship prevalence can be demonstrated instead using information on the occupational social class of the household reference person, as was done for England, Scotland and Wales. Figure 7.7 shows the prevalence rates of kinship care among children by occupational social class of the HRP. In contrast to all other countries of the UK, there appear to be no children in kinship care in households in social class A (professionals), but the relationship between socio-economic position and kinship care prevalence also holds for Northern Ireland. Northern Ireland was distinct in terms of the relatively low rate of prevalence of kinship care in social class E (2.6%), compared to those seen in England (4.5%), Scotland (4%), and Wales (4.6%).

Figure 7.7: Prevalence Rates of Kinship Care among Children by Occupational Social Class of HRP, Northern Ireland, 2001



Source: Calculated from 2001 I-CAMS data

However, the majority of children (69%, or 3,567 children) in kinship care were experiencing two or more of the deprivations outlined in the Child Deprivation Index.

When factors such as age, gender and ethnicity are controlled for (as was done for the other countries of the UK), the influence of each factor on the chances of a child in Northern Ireland living with kin is more apparent.

Age: age was a significant influence, with the chances of being in kinship care increasing with age. Children in Northern Ireland aged 15-17 years were more than 2.2 times more likely than children aged 0-4 years to be living with relatives.

Gender: girls in Northern Ireland were around 20% more likely than boys to be living with kin – the largest gender differential in the UK.

Ethnicity: non-white children in Northern Ireland were nearly five times as likely to be living with kin as white children.

Non-monetary deprivation: children experiencing multiple deprivations were around three times more likely to be living in a kinship household compared to non-deprived children.

Each analysis for England, Scotland, Wales and Northern Ireland presented in these chapters shows clear patterns between kinship care and a range of important influences. However, as noted above, the Census did not collect or contain information on key variables which would explain *why* these

children were not living with their parents, and instead were being looked after by relatives. In a considerable number of cases, children were being raised by older siblings with no additional help or support from other or older household members. Age and ethnicity are clearly important factors in determining whether children live with relatives. While kinship care families were far more likely to be poor and to experience multiple deprivations, the nature of the Census data means that we cannot determine whether these families were poor *before* the arrival of a relative's child(ren) or whether caring responsibilities had resulted in changes to the family income and socio-economic position. Other studies have alluded to kinship carer's poverty, but this is the first time UK Census data has been used to reflect the extent and distribution of kinship care in the UK.

SUMMARY

- In 2001, Northern Ireland had the lowest overall rates of kinship care prevalence (1.1%) in the UK. The estimated 5,200 children in Northern Ireland living with kin accounted for 3% of the UK total.
- As in England and Scotland, young children (i.e. aged 0-5 years) accounted for less than their expected share of the kinship care population.
- As with the rest of the UK, prevalence rates in Northern Ireland increased as children got older. While the overall rate of kinship care in Northern Ireland was lower than elsewhere, among children aged 15-17 years, the rate in Northern Ireland (1.8%) was the highest in the UK.
- There were large differences in the prevalence rates of kinship care between boys and girls; girls generally had higher prevalence. The gender differences were particularly marked for children in the youngest age group (0-4 years) where girls were 40% more likely to be living with kin.
- Girls accounted for over half (54%) of children living in kinship care in Northern Ireland.
- Unlike the rest of the UK, most of children living with kin in Northern Ireland were living with a sibling.
- Children experiencing multiple deprivations were around three times more likely to be living in a kinship household compared to non-deprived children.

Chapter 8 Kinship carers in England in 2001

The previous chapters presented evidence on the prevalence and distribution of children in kinship care in the UK in 2001. In this chapter we focus on the relatives who were caring for them. To examine the characteristics of these kinship carers, we used data from the household CAMS (HH-CAMS). A more detailed description of this dataset appears in the Methods chapter (Chapter 2). Suffice it to say here that the data are a nationally representative 1% sample of UK households in 2001. The HH-CAMS contains information on most of the variables contained in the I-CAMS (the dataset used in the previous chapters describing the children), but there were differences. These included the way some variables were coded and other variables were not available for all countries. For example, there were *no* data on the ethnicity of carers for Scotland and Northern Ireland, and no data about which county respondents lived in for Northern Ireland. Of more concern was the fact that the variable used to assess household members' relationships to the Household Reference Person (HRP) appeared to identify everyone in Northern Ireland as not being a usual household member. As a result of this, it has not been possible to use the HH-CAMS to examine kinship carers in Northern Ireland, as will be done in this and the following chapters for Scotland and Wales.

As previously stated, we have assumed that the status of Household Reference Person acts as a proxy for an adult carer of children in the household. The HRP was categorised in the Census as the adult in the household with the greatest economic activity. It was possible to identify households, (using variables that identified the relationship of everyone in the house) where relatives were caring for a child without a birth parent present and where the child was a usual resident.

In the UK, children living with relatives were living in households 'headed' either by older siblings, or grandparents, or other relatives (including aunts/uncles, cousins, etc). We used this information to create three categories of carer:

- ❖ Brothers and sisters providing kinship care– “Sibling carers”;
- ❖ Grandparents providing kinship care– “Grandparent carers”;
- ❖ Other relatives (e.g. aunts, uncles, cousins) providing kinship care – “Other relative carers”.

The three categories of kinship carer were compared in our analyses with households containing birth parents in the community who were caring for their own children. The remaining HRPs, who were not parents or not providing kinship care, were excluded from the analyses.

While a number of studies and surveys (Broad et al., 2001, Hunt, 2003, Richards, 2001, Yardley et al., 2009) have examined the characteristics and needs of kinship carers who are grandparents, relatively little is known about sibling carers. The three categories of kinship carer allow us to provide, for the first time, information on the number, characteristics and locations of kinship carers in England, Scotland and Wales, based on nationally representative data.

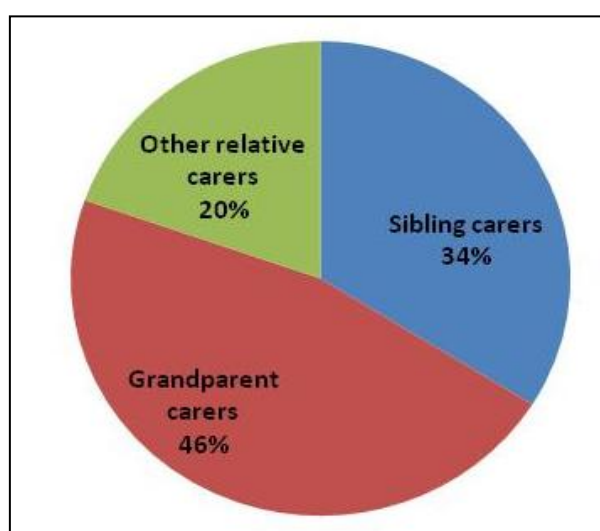
The chapter first presents results for England, followed by chapters on Scotland and Wales. Results showing numbers of cases are only provided when there is no risk of disclosure, or of particular individuals or households being identified.

KINSHIP CARERS IN ENGLAND

There were 20.4 million people in England listed as the Household Reference Person (HRP) in the 2001 Census. This number included 5.8 million HRPs who were a birth parent to one or more dependent children. In addition there were about 117,100 individuals (around 0.6% of all HRPs) who were providing kinship care to the children of relatives.

The distribution of kinship carers in England in 2001 is shown in Figure 8.1²⁰. Most carers in England were grandparents (46%, or 54,400 individuals); one third were siblings (34%, 39,700 individuals), and one in five (23,000 individuals) were 'Other relative carers'.

Figure 8.1: Distribution of Kinship Carers in England, 2001 (N=117,100)



Source: Calculated from 2001 Household CAMS

²⁰ Previous chapters presented data on the numbers of children living in kinship care. This chapter, and the two following chapters, present data on kinship *carers*. Some kinship carers may have been caring for more than one child, which explains why the numbers of kinship carers are lower than numbers of children in kinship care.

While most respondents²¹ to the census tended to be men, this was not the case for HRPs who were sibling kinship carers (65% women) or grandparent carers (54% women). When the kinship carer was an 'Other relative carer', the gender distribution was closer (58% men to 42% women) to birth parents in general. Other studies (Broad et al., 2001, Hunt, 2003) have suggested that kinship carers tend mainly to be women, and these data confirm this.

Table 8.1 shows some key descriptive data on the age, gender and number of kinship carers in England in 2001. The average (mean) age of all birth parents in England was 39 years, with mothers tending to be younger than fathers. As one would expect, the average age of kinship carers was highest for grandparent carers, at 58 years (59 years for women, 57 years for men). Sibling carers had the lowest average age (34 years), with brothers slightly older than sisters.

Table 8.1: Mean Age of Parents and Kinship Carers in England, by Gender, 2001

HRP classification	Gender	Mean	Number	Gender distribution (%)	Standard deviation of age (years)
Birth parents	Male	40	3,856,700	68	8.2
	Female	37	1,840,400	32	8.9
	Total	39	5,697,100	100	8.5
Sibling carer	Male	36	14,000	35	11.2
	Female	33	25,700	65	8.5
	Total	34	39,700	100	9.7
Grandparent carer	Male	57	24,800	46	9.6
	Female	59	29,600	54	12.2
	Total	58	54,400	100	11.1
Other relative carer	Male	45	13,300	58	13.9
	Female	38	9,700	42	11.7
	Total	42	23,000	100	13.5

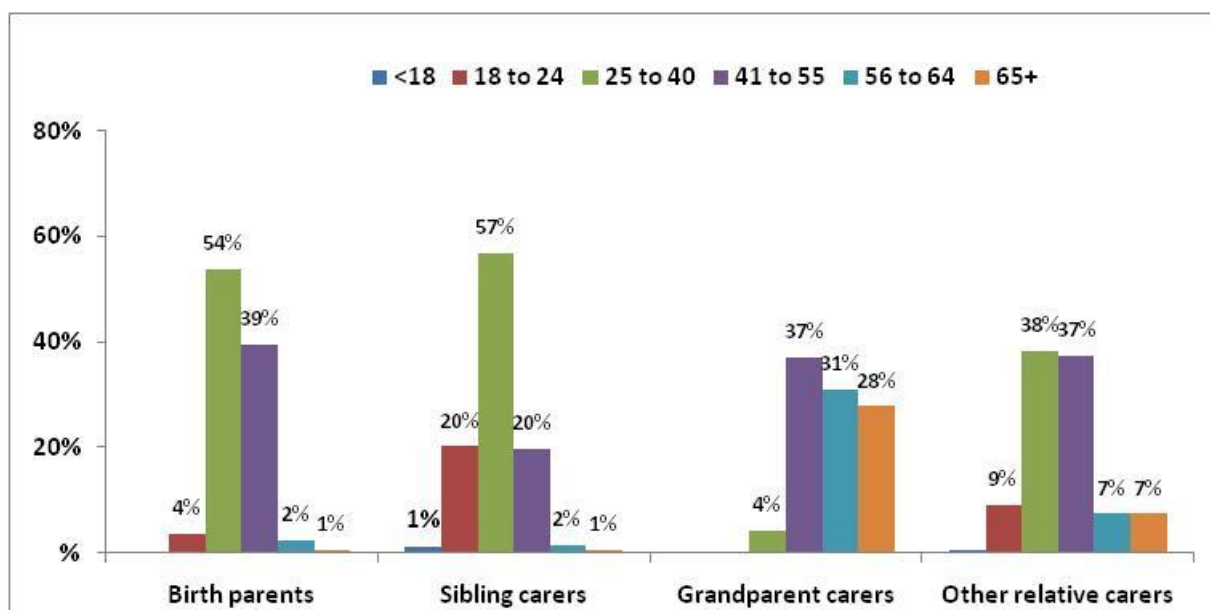
Source: Calculated from 2001 Household CAMS

Figure 8.2 shows how the kinship carers and birth parents were distributed by age. Most (93%) birth parents were aged 25-55 years with small proportions of parents at the young and the older ends of the age spectrum. In contrast sibling kinship carers were younger, with about 78% under 40 years old. Indeed one in five were under 25 years old. Grandparent carers, were, as one would expect, distributed at the older end of the age spectrum, with one in four aged over 65. The age

²¹ The term 'respondent' is used here to refer to the household reference person, on whom the data were collected, i.e. the main earner of the household.

profile for 'Other relative carers' was more mixed, with more than two-thirds aged between 25 and 55 years old.

Figure 8.2: Age distribution (%) of parents and kinship carers, England 2001



Source: Calculated from 2001 Household CAMS

HOUSEHOLDS

By examining the household matrix, it was possible to identify how many children (kinship, birth and other) each category of kinship carer was parenting. Sibling carers were mainly caring for two children, but some sibling households had up to nine children. Sibling carers were the group most likely to be caring for children under the age of five years (see Appendix 9). 'Other relative carers' also mainly had two children with some caring for up to seven children. Grandparents generally had one child, though some had up to nine children in the household. Most of the kinship carers only had one child in kinship arrangements (with a range of 1-6) and therefore it is likely that the other children in the households were mainly the birth children of the carer.

Overcrowding²² is another way of examining the size of households and was more frequently found in the households of 'Other Relative kinship carers' (23%) and sibling kinship carers (19%) than those of grandparents (10%) or parents (5%) in the community.

²² Overcrowding was defined as more than one person per room.

Ethnicity was shown in Chapter 3 to be an important correlate of kinship care provision, and this is confirmed by the data in Table 8.2. It shows the number and type of kinship carers by their ethnicity. As expected most kinship carers were white (given the population distribution of ethnic groups in England), but there were some interesting differences between the groups of carer. Grandparents were predominantly white but nearly half of 'Other relative carers' were of a minority ethnicity. Sibling carers too, had more variation by ethnicity than grandparents and about a third were from a minority ethnic background.

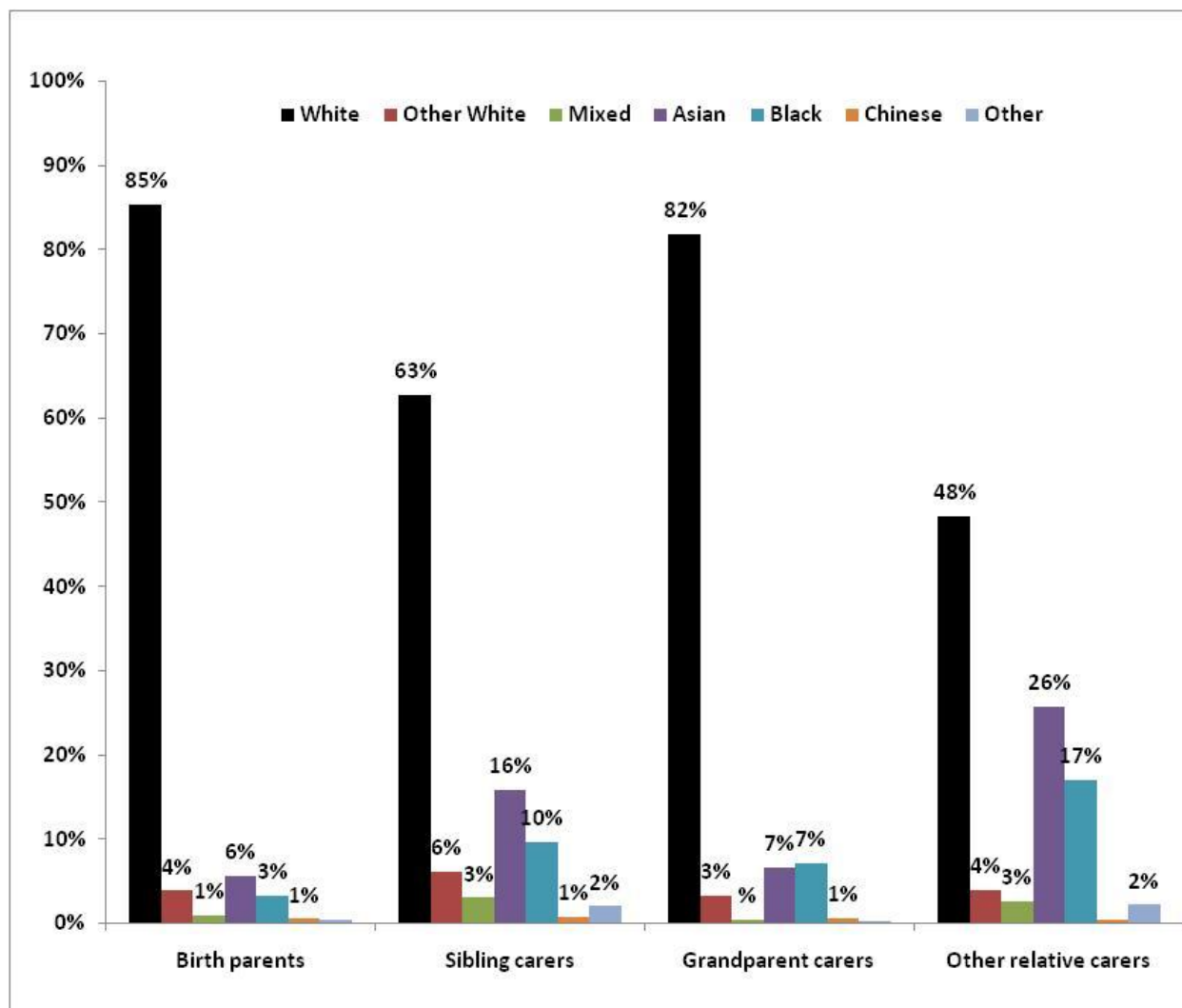
Table 8.2: Number of Parents and Kinship Carers by Ethnicity, England 2001

	Birth parents		Sibling carers		Grandparent carers		Other relative carers		Total	
	Number	(%)	Number	(%)	Number	(%)	Number	%	Number	(%)
White	4,863,100	85	24,900	63	44,500	82	11,100	48	4,943,600	85
Other White	219,700	4	2,400	6	1,800	3	900	4	224,800	4
Mixed	54,200	1	1,200	3	200	0	600	3	56,200	1
Asian	321,400	6	6,300	16	3,600	7	5,900	26	337,200	6
Black	184,500	3	3,800	10	3,900	7	3,900	17	196,100	3
Chinese	29,400	1	300	1	300	1	100	0	30,100	1
Other	24,800	0	800	2	100	0	500	2	26,200	0
TOTAL	5,697,100	100	39,700	100	54,400	100	23,000	100	5,814,200	100

Source: Calculated from 2001 Household CAMS

These differences can be seen more clearly in the chart (Figure 8.3) below. While the majority of birth parents and kinship carers were white, many more sibling and 'Other relative carers' were black or of Asian ethnicity. While adults of Asian ethnicity only accounted for one in thirty-three (3%) of all HRPs in England, they accounted for one in four (26%) of 'Other relatives' providing kinship care.

Figure 8.3: Distribution of Parents and Kinship Carers by Ethnicity, England 2001



Source: Calculated from 2001 Household CAMS

Further data on the country of birth of kinship carers in England is provided in the tables in Appendix 7. It is clear that a relatively high proportion of kinship carers from all three categories of carers reported that Pakistan was their country of birth.

Most carers were parenting children of the same ethnicity as themselves. All of the Chinese carers (100%) and the vast majority of white (95%), Asian (91%) and black carers (85%) had kinship children from the same ethnic background. Kinships carers of mixed ethnicity were caring for mainly mixed ethnicity children (62%) but also a fifth had a white child and 7% a black child. It was not possible to find out whether the ethnicity of the carer's partner matched that of the child.

MARITAL STATUS

Table 8.3 presents data on the marital status of birth parents and kinship carers in England in 2001. Marital status provides some information about the resources available to a household and the provision of care. Single carers²³ will have quite different working patterns and opportunities to those adults with a partner, who can either work full time or alternatively, remain at home to provide care while their partner works.

Table 8.3: Marital Status of Parents and Kinship Carers in England, 2001

Marital Status	Birth parents		Sibling carers		Grandparent carers		Other relative carers	
	Number	%	Number	%	Number	%	Number	%
Married (first married)	3,202,700	56	10,500	26	23,000	42	9,500	41
Re-married	530,800	9	900	2	4,700	9	1,900	8
Single (never married)	966,700	17	17,200	43	1,500	3	6,500	28
Separated (but still legally married)	280,900	5	4,400	11	3,400	6	1,800	8
Divorced	640,800	11	5,600	14	9,600	18	2,200	10
Widowed	75,200	1	1,100	3	12,200	22	1,100	5
Total	5,697,100	100	39,700	100%	54,400	100%	23,000	100

Source: Calculated from 2001 Household CAMS

In 2001, most parents caring for dependent children in the community were married (65%). Most grandparent kinship carers and many 'Other relative carers' were married too. Nevertheless, for a variety of reasons such as divorce or widowhood, 49% of grandparent kinship carers and 51% of 'Other relative' carers were single. For obvious reasons (being of a younger age) fewer sibling carers were married (28%), leaving a much higher proportion (71%) as single.

When data on marital and co-habiting status were disaggregated by gender, the difference between male and female kinship carers is stark.

Table 8.4 shows that, for most categories of carer, very few single men who were the HRP were caring for dependent children. This was the case for fathers in the general population (4%) and for grandfathers (14%).

²³ Single carers are those who were never married, divorced, separated or widowed

Table 8.4: Co-habiting Status of Parents and Kinship Carers by Gender, England 2001

		Birth parents		Sibling carers		Grandparent carers		Other relative carers	
		Number	%	Number	%	Number	%	Number	%
Male	Live in couple, married (incl. separated)	2,822,200	73	6,100	44	17,700	71	7,200	54
	Live in couple, remarried	422,100	11	700	5	3,100	13	1,500	11
	Live in couple, cohabiting	463,300	12	1,500	11	600	2	1,500	11
	Single	26,800	1	3,700	26	100	0.4	1,300	10
	Not living in couple though married/remarried	14,500	0.4	1,200	9	400	2	800	6
	Separated	27,400	1	100	1	600	2	400	3
	Divorced	62,500	2	500	4	1,200	5	400	3
	Widowed	17,900	0.5	200	1	1,100	4	200	2
	Total	3,856,700	100	14,000	100	24,800	100	13,300	100
Female	Live in couple, married (incl. separated)	331,100	18	800	3	4,600	16	1,100	11
	Live in couple, remarried	99,400	5	0	0	1,400	5	100	1
	Live in couple, cohabiting	128,200	7	1,000	4	1,100	4	300	3
	Single	545,900	30	12,100	47	1,300	4	4,400	45
	Not living in couple though married/remarried	33,900	2	1,900	7	400	1	400	4
	Separated	220,900	12	4,300	17	2,500	8	1,100	11
	Divorced	428,600	23	4,700	18	7,700	26	1,400	14
	Widowed	52,400	3	900	4	10,600	36	900	9
	Total	1,840,400	100	25,700	100	29,600	100	9,700	100

Source: Calculated from 2001 Household CAMS

This information, especially combined with that on the gender and average ages of respondents suggests a large proportion of children in kinship care in England in 2001 were being cared for by relatively young siblings (an average age 34 years), mostly sisters, who were single. Many grandmothers too were parenting alone. Nearly one in three grandmothers was widowed and the majority (75%) did not have a partner. The resources and care available to these households and children will almost certainly have been constrained. While kinship carers were predominantly female nearly a quarter (about 3,000) of male 'Other relative carers' and 41% (about 5,500) of male sibling carers were single men bringing up at least one child.

The following tables will present information on the socio-economic position of kinship carers in England. When combined with other evidence on age and marital status, a picture of the vulnerability of different types of kinship carer emerges.

Previous chapters showed that deprivation and workless households were associated with kinship arrangements. As such it is worth examining the socio-economic position of carers in some detail. This can be done using a range of variables, including whether a household is located in a poor area (i.e. using the Index of Multiple Deprivation (IMD) income quintile data), the HRP's occupational social class, and educational or professional qualifications. Each variable provides valuable information about the socio-economic position or status of kinship carers and whether this differs by type of kinship carer. For example are sibling carers poorer on average than 'Other relative' and grandparent carers?

Table 8.5 shows the IMD income distribution by quintile for each category of kinship carer. All things being equal there should be roughly equal distributions (of 20%) of each population across each quintile, and indeed this is the case with birth parents (i.e. the first column in Table 8.5). Around 42% of birth parents lived in the poorest two quintiles (i.e. the lowest 40%). The picture for each type of kinship carer, however, was very different. Two-thirds (66%) of sibling carers were in the poorest two quintiles (instead of the expected 40%), and the figures were 61% and 63% for grandparent and other relative carers respectively. These figures show that kinship carers were disproportionately over-represented and living in poorer areas²⁴, compared to birth parents.

Table 8.5: IMD Income Deprivation Distribution among Parents and Kinship Carers, England 2001

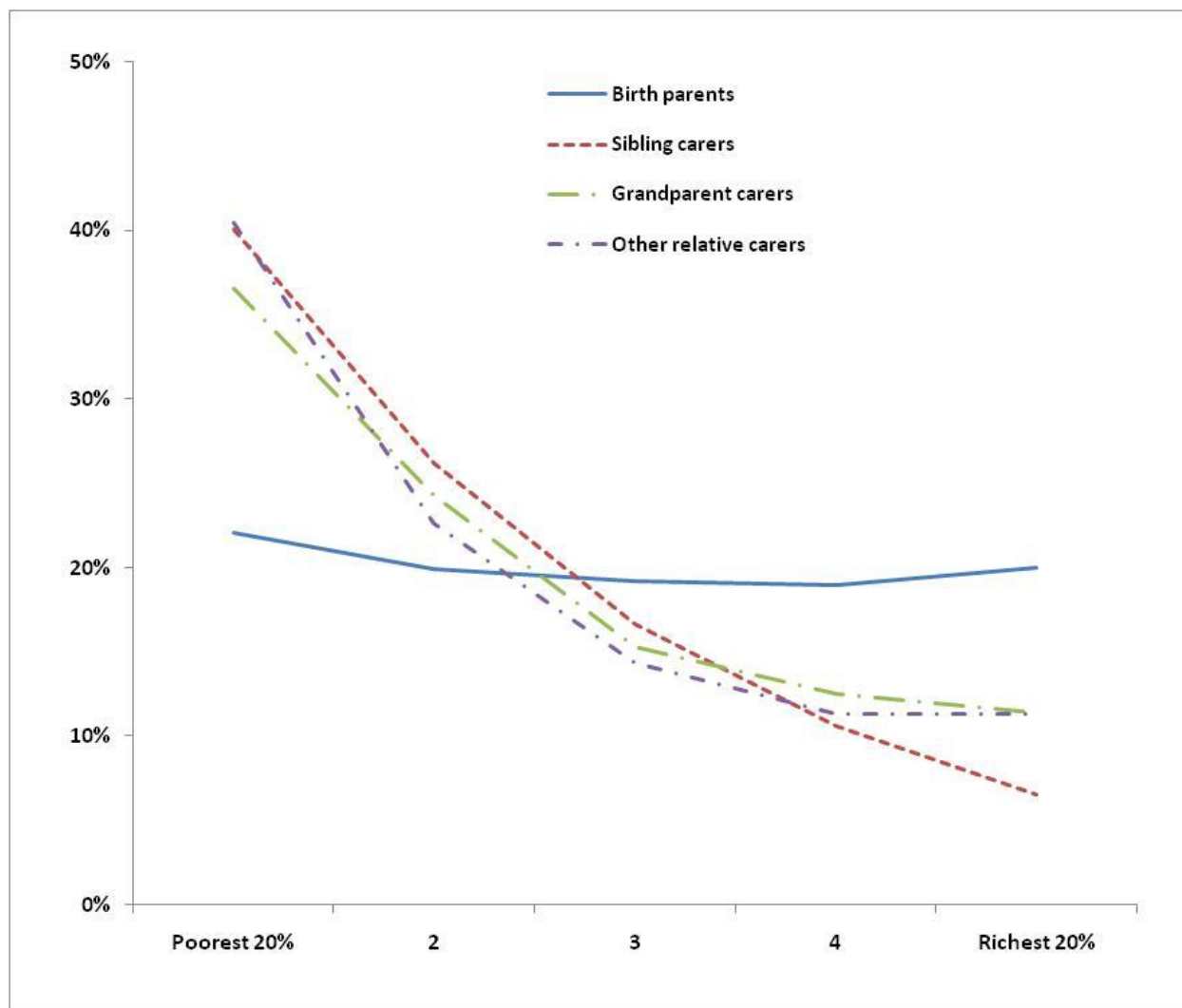
IMD Income quintile	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Poorest 20%	22%	40%	37%	40%
2	20%	26%	24%	23%
3	19%	17%	15%	14%
4	19%	11%	13%	11%
Richest 20%	20%	7%	11%	11%
Total	100%	100%	100%	100%

Source: Calculated from 2001 Household CAMS

²⁴ Areas are a cluster of 20 adjoining postcodes and known as Super Output areas (SOAs)

If we consider the other end of the distribution, and examine those living in the richest 20% of areas, it is clear kinship carers, and sibling carers in particular, are greatly under-represented. The gradient for each group is seen more clearly in Figure 8.4.

Figure 8.4: IMD Income Deprivation Quintile: Distribution by Parents and Kinship Carers, England 2001



Source: Calculated from 2001 Household CAMS

The relative socio-economic disadvantage of kinship carers can be considered using different indicators. Table 8.6 shows the social class for the different types of kinship carer based on the occupation of the Household Reference Person. This shows a more nuanced portrait of the situation of kinship carers in England.²⁵

²⁵ Unlike the I-CAMS, the household CAMS has merged OSC A and B; the tables presented here reflect this, since separate estimates for classes A and B could not be calculated from the data.

The data in Table 8.6 show the patterning of respondents across the social classes; there are clear gender differences for all parents and for kinship carers. If we consider first the distribution of fathers who were the HRP and who had dependent children. Nearly a third (31%) of fathers in the general population was in either a professional or middle managerial occupation (i.e. in classes A and B). Far fewer male kinship carers were in classes A or B whose proportions ranged between 17% (for sibling and 'Other relative carers') and 19% (for grandparent carers).

Table 8.6: Occupational Social Class of Parents and Kinship Carers by Gender, England, 2001

		Birth parents		Sibling carers		Grandparent carers		Other relative carers	
		Number	%	Number	%	Number	%	Number	%
Male	A Professional/B Middle managers	1,201,677	31	2,317	17	4,612	19	2,317	17
	C1 All other non-manual workers	1,006,070	26	3,525	25	4,509	18	3,527	27
	C2 All skilled manual workers	938,398	24	3,626	26	8,301	33	2,821	21
	D All semi-skilled and unskilled manual workers	637,077	17	3,022	22	4,919	20	3,728	28
	E On benefit/unemployed	73,478	2	1,511	11	2,460	10	907	7
	Total	3,856,700	100	14,000	100	24,800	100	13,300	100
Female	A Professional/B Middle managers	268,818	15	2,000	8	2,311	8	900	9
	C1 All other non-manual workers	605,843	33	4,900	19	4,842	16	2,700	28
	C2 All skilled manual workers	122,673	7	1,800	7	1,100	4	800	8
	D All semi-skilled and unskilled manual workers	591,199	32	9,600	37	11,334	38	3,100	32
	E On benefit/unemployed	251,866	14	7,400	29	10,013	34	2,200	23
	Total	1,840,400	100	25,700	100	29,600	100	9,700	100

Source: Calculated from 2001 Household CAMS

At the other end of the scale, in social class E (i.e. households where no-one was employed and in receipt of benefits), where a lack of income and/or resources is likely to contribute to disadvantage and deprivation, we found male kinship carers, particularly sibling and grandparent carers, over-represented. Here, around one in ten male siblings (11%) and grandparents (10%) providing kinship care were unemployed or dependent on welfare benefits, compared to one in fifty (2%) birth fathers.

The picture for women was bleaker than that of men. Far lower proportions of women appeared in the top two social classes; the proportion of women kinship carers (all types of kinship care) in classes A and B was half that of men. The proportion of women in social class E was around three times that of men, confirming a considerable gender disadvantage for women. While 14% of women with dependent children in the general population (who were defined as the HRP) were

living in workless households , the figure for female sibling carers was 29% and over a third for grandparent carers (34%): all considerably higher. For ‘Other female relative carers’ the proportion in social class E was 23%.

The 2001 Census asked respondents about their educational and professional qualifications (O levels, CSEs, GCSEs NVQs and higher qualifications) and these data provided yet more information about the socio-economic circumstances of kinship carers in England. Once again, the data were disaggregated by gender (Table 8.7).

Table 8.7: Proportion of Parents/Kinship Carers with No Educational/Professional Qualifications, England 2001

	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Male	20%	30%	58%	38%
Female	27%	43%	61%	41%

Source: Calculated from 2001 Household CAMS

Educational and professional qualifications have clear implications for employment opportunities, and the lack of either (or both as Table 8.7 reports) constitutes a significant disadvantage. In 2001, around one in five (20%) fathers in the community lacked any educational or professional qualifications, compared to one in 4 (27%) mothers. This figure varied for the different categories of kinship carers, and gender differences were particularly acute for sibling carers. Thirty percent of male sibling carers lacked any qualifications, compared to 43% of female sibling carers. There was less of a gender difference for grandparents and ‘Other relatives’ providing kinship care, although both groups had much higher proportions of adults with no qualifications. Around six out of ten grandparent carers lacked any qualifications.

PHYSICAL HEATH OF CARERS

One outcome of poverty and deprivation has been shown to be greater risk of morbidity (illness) (Gordon et al., 1999, Marmot and Wilkinson, 1999, Townsend, 1991, Townsend and Davidson, 1988). The 2001 Census asked people about their health status, and whether or not they had a long-term illness (LLTI), health problem or disability which limited the daily activity or work they could do. In general, a greater proportion of women reported an LLTI, although this was not so for ‘Other relative carers’ (Table 8.8.). Given the obvious relationship between LLTI and age, it is

unsurprising that rates of LLTI were highest among grandparent carers. However, what is concerning is that one in three (33%) grandfathers and nearly half (47%) of all grandmothers providing kinship care reported a limiting long-term illness or disability.

Table 8.8: Proportion of parents and kinship carers reporting a limiting long-term illness or disability by gender, England 2001

	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Male	8%	7%	33%	22%
Female	12%	11%	47%	18%

Source: Calculated from 2001 Household CAMS

Studies of kinship carers have described kinship carers as often older, female and living in poverty (Richards, 2001; Hunt, 2003; Farmer and Moyers 2008). The analyses for England presented above suggest that the profile of kinship carers is complex, with interactions between age, gender, ethnicity and socio-economic position. Grandparents and older household members providing kinship care are certainly an important group, but so too are relatively young, single female siblings. Also apparent are the socio-economic profiles of carers, who overwhelmingly live in the poorest 20% of the income distribution, who lack educational or professional qualifications, and who are either unemployed and/or relying on benefits. The following chapters now examine kinship carers in Scotland and Wales, to see if these patterns and associations hold.

SUMMARY

- In England in 2001, 117,100 household reference persons were kinship carers. Most were grandparents (46%), over one-third (34%) were siblings and 20% were other relative carers.
- Grandparents were on average the oldest group of kinship carers. Their average age was 58 years, for 'Other relative carers' it was 42 years and for sibling kinship carers' their average age was 34 years old. One in four grandparents was over 65 years of age.
- Sibling kinship carers were mainly young single women, caring for more than one child and more frequently, than the other groups of carers, caring for children less than 5 years of age. About one in five sibling and 'Other relative' kinship carers had overcrowded households.
- Most grandparents (82%) were of white ethnicity, but nearly half of 'Other relative carers' and almost a third of sibling kinship carers were of minority ethnicity. One in four 'Other relative carers' were of Asian ethnicity, most of whom had been born in Pakistan.
- Many kinship carers were single and this was particularly the case for female kinship carers. Nearly one in three grandmothers was widowed and the majority (75%) did not have a partner. Parenting alone was also evident for sibling female kinship carers: 93% were single parents.
- Kinship care was predominantly provided by females. However, about 41% of brothers who were kinship carers and a quarter of male 'Other relative carers' were bringing up a child without a partner.
- Poverty was prevalent amongst all categories of kinship carers. The majority (62%) were living in poor areas where incomes were below the poverty line (less than 60% of median income) and 40% lived in the poorest 20% of areas.
- Female kinship carers were on average poorer than male carers. A third of grandmothers and 29% of sisters who were kinship carers and 23% of 'Other relative carers' were living in

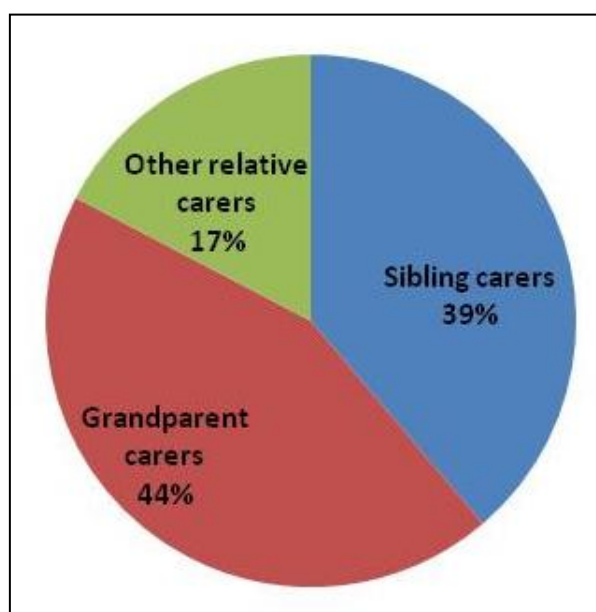
workless households (either unemployed or in receipt of welfare benefits). The majority of grandparents had no educational or professional qualifications. Surprisingly, about 40% of the female sibling and 'Other relative carers' had no qualifications.

- One in three grandfathers and half of all grandmother kinship carers reported a limiting long-term illness or disability.

Chapter 9 Kinship carers in Scotland

In 2001, there were 2.2 million people in Scotland listed as the main respondent (HRP)²⁶ in the Census. Of these, 27% (587,100) were birth parents providing care for their own children. Less than half of one percent (9,800) of HRPs were kinship carers. Most (44%, or 4,300) kinship carers in Scotland were grandparents; over a third (39%, or 3,800) were siblings, and one in six (17%, or 1,700) were 'Other relatives' (see Figure 9.1).

Figure 9.1: Distribution of Kinship Carers in Scotland, 2001(N=9,800)



Source: Calculated from 2001 Household CAMS

GENDER AND AGE

While those completing the Census as the HRP in Scotland generally tended to be men this was not the case for kinship carers who were siblings (74% women) or grandparents (58% women). In instances when the kinship carer was an 'Other relative', the gender distribution was more evenly balanced, although women constituted a greater proportion (47% men to 53% women). Women were clearly the primary providers of kinship care in Scotland in 2001.

The average ages for each group of kinship carers were similar to those seen in England. Table 9.1 shows the mean ages of birth parents and kinship carers in Scotland, disaggregated by gender. As in England, sibling kinship carers in Scotland were mainly younger than the other groups of carers.

²⁶ The Household Reference Person (HRP) was the person in the household with the highest economic activity.

Nonetheless, women who were 'Other relative' carers had the lowest average age (31 years) of all groups.

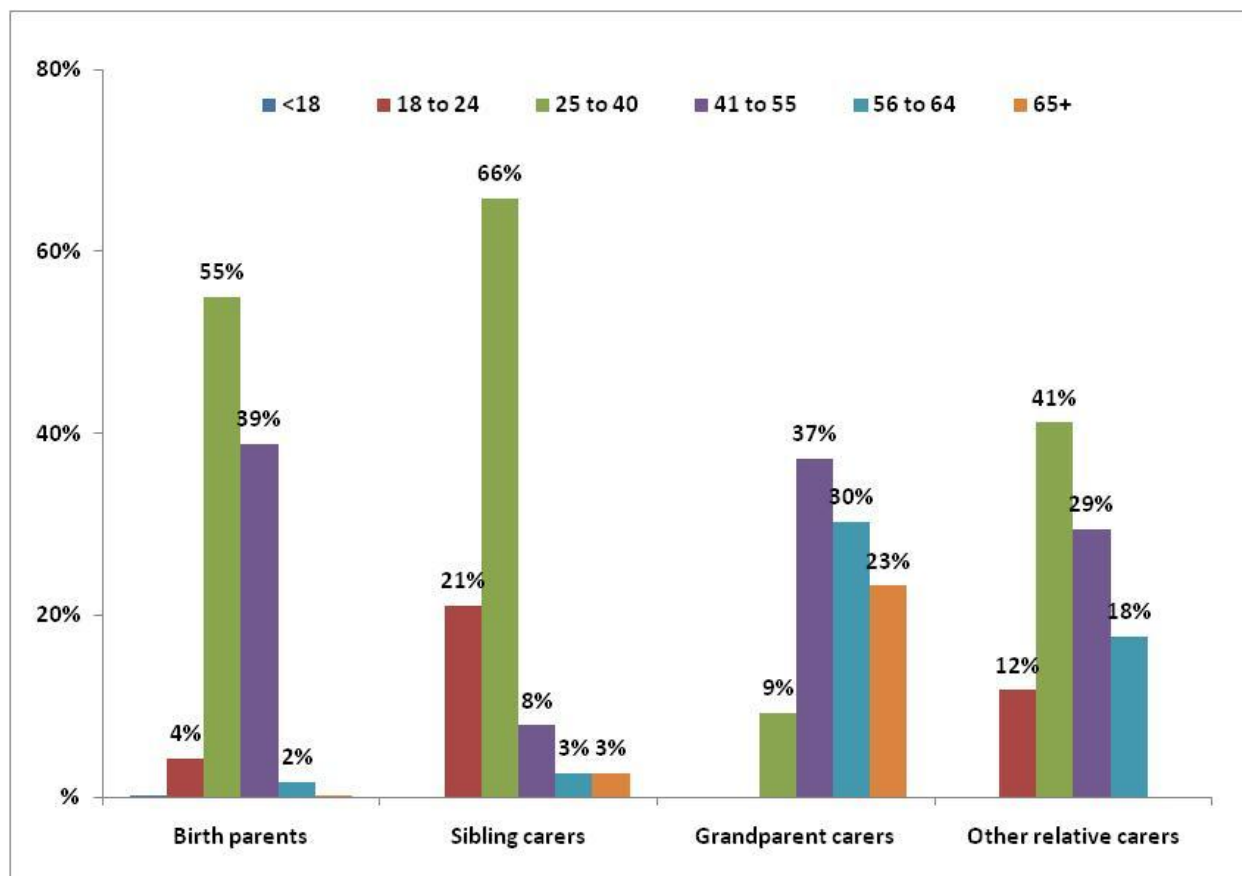
Table 9.1: Mean Age of Birth Parents and Kinship Carers in Scotland, by Gender, 2001

	Gender	Mean	Number	Gender distribution (%)	Standard deviation of age (years)
Birth parents	Male	40	383,500	65	7.5
	Female	36	203,600	35	8.4
	Total	39	587,100	100	8.1
Sibling carers	Male	34	1,000	26	15.2
	Female	32	2,800	74	8.2
	Total	32	3,800	100	10.6
Grandparent carers	Male	57	1,800	42	9.6
	Female	56	2,500	58	10.9
	Total	57	4,300	100	10.4
Other relative carers	Male	50	800	47	8
	Female	31	900	53	8.1
	Total	40	1,700	100	12.3

Source: Calculated from 2001 Household CAMS

Figure 9.2 shows how parents and kin carers in Scotland were distributed by age group. Most birth parents and sibling kinship carers were under 40 years of age. A larger proportion of sibling carers (21%) were very young and under 25 years old in comparison with very young birth parents (4%). As expected, most grandparent carers were aged 41 or over, with one in four (23%) aged 65 or over. Most (70%) 'Other relative carers' were aged between 25 and 55 years.

Figure 9.2: Mean Age of Parents and Kinship Carers in Scotland, 2001



Source: Calculated from 2001 Household CAMS

HOUSEHOLDS

Just as in England, sibling kinship carers and ‘Other relative carers’ were mainly caring for two children, one of whom was a child in a kinship arrangement. Female sibling carers were the group most often parenting child(ren) less than 5 years of age. However, some carers were caring for up to six children. Grandparents, as in England, mainly had one child.

Overcrowding²⁷ was not evident in many of the households ‘headed’ by a grandparent (9%) kinship carer but was present for more than a fifth of the households ‘headed’ by a sibling kinship carer (21%) and for 18% of the homes of ‘Other relative carers’. In comparison, 6% parents in the community were living in overcrowded households.

²⁷ Overcrowding defined as more than one person per room

MARITAL STATUS

Data on the marital status of respondents in Scotland in 2001 are shown in Table 9.2. Marital status provides an indication of the resources available to a household and is a factor associated with the risk of poverty and deprivation.

Table 9.2: Marital Status of Parents and Kinship Carers in Scotland, 2001

Marital Status	Birth parents		Sibling carers		Grandparent carers		Other relative carers	
	Number	%	Number	%	Number	%	Number	%
Married (first married)	337,200	57	400	11	1,700	40	800	47
Re-married	38,400	7	0	0	200	5	0	0
Single (never married)	103,300	18	1,800	47	400	9	600	35
Separated (but still legally married)	45,500	8	900	24	400	9	100	6
Divorced	54,200	9	600	16	700	16	200	12
Widowed	8,500	1	100	3	900	21	0	0
Total	587,100	100	3,800	100	4,300	100%	1,700	100%

Source: Calculated from 2001 Household CAMS

Most birth parents who were the HRP were married (64%) rather than single and the same marital pattern could be seen among grandparent carers and among 'Other relative carers'. A much higher proportion (90%) of sibling carers was single. When these data are disaggregated by gender, the difference between male and female kinship carers was striking. Females tended to be lone carers while men had a partner. Table 9.3 shows that while 50% of male sibling kinship carers (500 individuals) were not living in a couple the figure for female carers was 89% (2,500 individuals). Most (80%) grandmother kinship carers were not in a couple compared to 11% of grandfather carers, and 78% of female 'Other relative carers' were not in a couple, compared to a quarter of males.

Table 9.3: Marital Status of Parents and Kinship Carers in Scotland, 2001

	Birth parents		Sibling carers		Grandparent carers		Other relative carers		
	Number	%	Number	%	Number	%	Number	%	
Male	Live in couple, married (incl. separated)	296,000	77	100	10	1,400	7	600	75
	Live in couple, remarried	29,800	8	0	0	200	11	0	0
	Live in couple, cohabiting	42,300	11	400	40	0	0	0	0
	Not living in couple, single	3,200	1	200	20	0	0	100	13
	Not living in couple though married/remarried	1,600	0.4	0	0	0	0	100	13
	Not living in couple, separated	4,700	1	200	20	0	0	0	0
	Not living in couple, divorced	3,300	1	0	0	100	6	0	0
	Not living in couple, widowed	2,600	1	100	10	100	6	0	0
	Total	383,500	100	1,000	100	1,800	100	800	100
Female	Live in couple, married (incl. separated)	38,000	19	0	0	400	16	100	11
	Live in couple, remarried	7,400	4	0	0	0	0	0	0
	Live in couple, cohabiting	11,800	6	300	11	100	4	100	11
	Not living in couple, single	64,600	32	1,100	39	400	16	500	56
	Not living in couple though married/remarried	2,100	1	100	4	0	0	0	0
	Not living in couple, separated	35,300	17	700	25	300	12	100	11
	Not living in couple, divorced	38,900	19	600	21	500	20	100	11
	Not living in couple, widowed	5,500	3	0	0	800	32	0	0
	Total	203,600	100	2,800	100	2,500	100	900	100

Source: Calculated from 2001 Household CAMS

This information, combined with that on the gender and average age of respondents suggests a large proportion of children living in kinship care in Scotland in 2001 were being cared for by relatively young siblings (average age 32 years), mostly sisters, and most of whom were parenting alone. These households are likely to have limited and constrained resources, with serious implications for the care of children. As was the case in England, around one in five (21%) grandparent carers in Scotland were widowed. With 54% of children in kinship care in Scotland being brought up by grandparents, the fact that a large proportion of these children will be living with a single female grandparent also has clear implications regarding their need for support and the provision of extra resources.

The relatively low socio-economic position of kinship carers in England was demonstrated in the previous chapter, and the same deprivation can be seen in Scotland. Table 9.4 shows the distribution of respondents across the five Index of Multiple Deprivation income quintiles²⁸. While birth parents are relatively evenly distributed across the quintiles, the picture is quite different for kinship carers. However, for each category of kinship carer the populations are disproportionately distributed in the poorest 20%, with around half of sibling (50%), grandparent (49%) and other relative (47%) carers clustered in the poorest quintile.

Table 9.4: Index of Multiple Deprivation: Income quintile distribution among parents and kinship carers, Scotland 2001

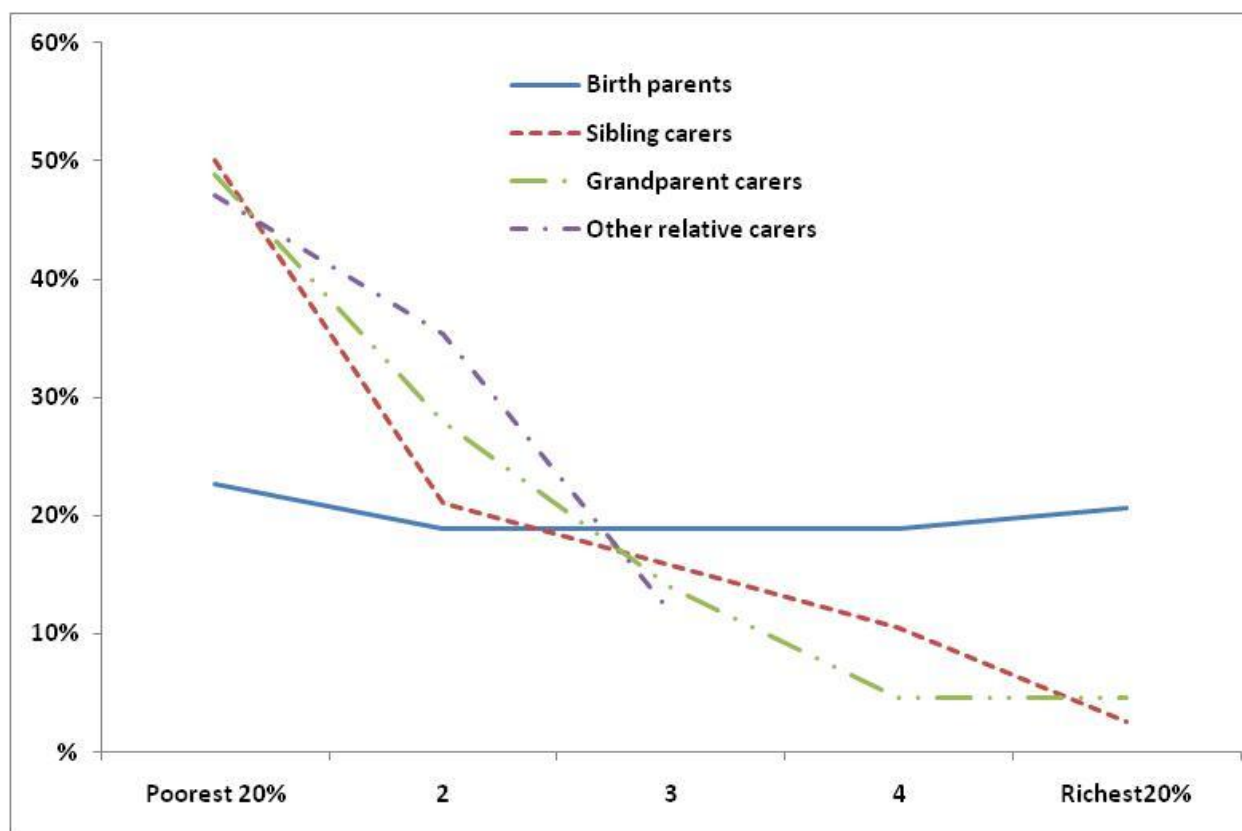
IMD Income quintile	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Poorest 20%	23%	50%	49%	47%
2	19%	21%	28%	35%
3	19%	16%	14%	12%
4	19%	11%	5%	<1%
Richest 20%	21%	3%	5%	6%
Total	100%	100%	100%	100%

Source: Calculated from 2001 Household CAMS

If we consider the other end of the income distribution, the top (or richest) 20%, it is evident that kinship carers are under-represented, with only 3% of sibling carers, 5% of grandparent carers and 6% of 'Other relative carers' in the top income quintile. The socio-economic gradient for kinship care in Scotland is shown in Figure 9.3. As in England, these data confirm that most people providing kinship care in Scotland faced considerable income and resource constraints in 2001.

²⁸ See earlier chapters for a description of the IMD.

Figure 9.3: IMD Income Quintile Distribution by Parents and Kinship Carers, Scotland 2001



Source: Calculated from 2001 Household CAMS

Living in poor areas was also reflected in terms of occupational social class (Table 9.5). Much lower proportions of all groups of kinship carers were present in the highest social classes A (Professionals) and B (Middle managers), although there were considerable differences between men and women. While nearly one in three (28%) male birth parents were in social classes A and B, the figures for kinship carers who were brothers, grandfathers and 'Other male relatives' were only 10%, 11% and 13% respectively. For women respondents across the board much lower proportions were present in the top two social classes – 12% of female birth parents, 4% of grandmother carers and 11% of other female relatives providing kinship care. No sister kinship carers were present in social classes A or B (compared to 8% in England.) There were also higher proportions of female respondents in social class E, with 20% of female birth parents (compared to 3% male), 29% of sisters (compared to 20% brothers), and 57% of grandmothers (compared to 22% of grandfathers). Nearly half (44%) of female Other relatives carers in Scotland were on benefits or unemployed, compared to none of the male Other relative carers.

Table 9.5: Occupational Social Class of Parents and Kinship Carers by Gender, Scotland, 2001

		Birth parents		Sibling carers		Grandparent carers		Other relative carers	
		Number	%	Number	%	Number	%	Number	%
Male	A Professional/B Middle managers	106,028	28	100	10	200	11	100	13
	C1 All other non-manual workers	96,325	2	200	20	200	11	200	25
	C2 All skilled manual workers	102,027	27	200	20	400	22	300	38
	D All semi-skilled and unskilled manual workers	68,418	18	300	30	600	33	200	25
	E On benefit/unemployed	10,703	3	200	20	400	22	0	0
	Total	383,500	100	1,000	100	1,800	100	800	100
Female	A Professional/B Middle managers	23,600	12	0	0	109	4	100	11
	C1 All other non-manual workers	59,800	29	500	18	217	9	200	22
	C2 All skilled manual workers	10,000	5	0	0	0	0	0	0
	D All semi-skilled and unskilled manual workers	69,100	34	1,500	54	761	30	200	22
	E On benefit/unemployed	41,100	20	800	29	1,413	5	400	44
	Total	203,600	100	2,800	100	2,500	100	900	100

Source: Calculated from 2001 Household CAMS

The information in Table 9.5 shows where most kinship carers were distributed in terms of social class. For sibling carers of both sexes, the largest groups were in social class D (i.e. semi-skilled or unskilled manual workers) – 30% of male siblings and 54% of female siblings. Most grandfathers providing kinship care fell into social class D (33%), but for grandmothers providing care well over half (57%) were in social class E, suggesting greater economic uncertainty. For other relatives providing care there were again large gender differences, with 38% of men in social class C2 (skilled manual) (compared to no women) and 44% of women in social class E (i.e. on benefit or unemployed) compared to no men.

The previous chapter (Table 8.7) showed that surprisingly large proportions of adults in England reported not having any educational or professional qualifications. The same appears to be true for Scotland (Table 9.6).

Table 9.6: Proportion of Parents/Kinship Carers with No Educational/Professional Qualifications, Scotland 2001

	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Male	23%	20%	72%	63%
Female	31%	39%	72%	56%

Source: Calculated from 2001 Household CAMS

Over one-fifth (23%) of male birth parents and just under a third (31%) of female birth parents who were HRPs in Scotland lacked any qualifications in 2001. These proportions were higher across most categories of kinship carers; while as similar proportion (20%) of male sibling carers lacked any educational qualifications, the proportion among female sibling carers (39%) was nearly double that. Given that the average age of this group was 32 years, this suggests a very disadvantaged group of people, responsible for providing care to younger siblings. Almost three (72%) quarters of grandparent carers in Scotland lacked any qualifications, as did more than half of other relative carers (63% of male, 56% of female).

PHYSICAL HEALTH OF CARERS

Thus far the data presented here confirm that kinship care in Scotland is primarily provided by women, living in deprived socio-economic circumstances, with few or no qualifications. It is also known that kinship carers tend to have poor health, and Table 9.7 provides evidence to support this. It would be expected that more grandparent kinship carers would report a limiting long-term illness (LLTI) or disability but in Scotland a large proportion of brothers reported a LLTI (40%) compared to female sibling carers (18%). There is no obvious reason to explain why this should be the case, as the difference in mean age between male and female sibling carers was less than three years (34 years for men, and 32 years for women). These high rates of LLTI are in contrast to the rates reported by fathers (8%) and mothers (14%) bringing up their own children in Scotland.

Table 9.7: Proportion of parents and kinship carers reporting an a limiting long-term illness or disability by gender (LLTI) by gender, Scotland 2001

	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Male	8%	40%	28%	13%
Female	14%	18%	68%	11%

Source: Calculated from 2001 Household CAMS

The picture of kinship carers in Scotland in 2001 is therefore similar to that seen in England. Kinship carers were predominantly female, poor, single, and with few or no educational or professional qualifications. In Scotland, a considerable share of the responsibility for caring for children in kinship care appears to have fallen on siblings especially young women, many of whom were caring for other children who were likely to be their own birth children.

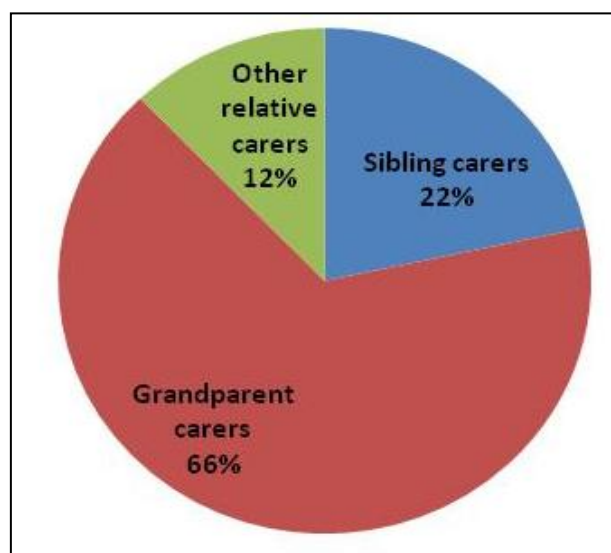
SUMMARY

- In Scotland in 2001, 9.800 household reference persons were kinship carers. Grandparents (44%) provided the most kinship care but over a third were siblings (39%) and 17% were 'Other relative carers'.
- Grandparents' average age was 57 years old. One in four grandparents was 65 years of age or older and one in five was widowed. 'Other relative carers' were on average 40 years of age, while as expected sibling carers were on average younger at 32 years.
- Most kinship care was provided by females who were not living with a partner. Eighty-nine percent of sisters, 80% of grandmothers, and 78% of female 'Other relative carers' were single.
- The majority of all types of kinship carer were living in areas where incomes were below the poverty line. Indeed nearly half of all kin carers had incomes in the poorest 20% of the IMD income distribution.
- Only about 10% of kinship carers were in social class A or B meaning that they had a professional or middle manager occupation.
- Many kinship carers had no professional or educational qualifications. Grandparents in particular had no qualifications but neither did 39% of sisters who were kinship carers.
- Many grandparents, particularly grandmothers (68%) reported having a limiting long-term illness or disability. Surprisingly, 40% of brothers but only 18% of sisters who were kinship carers (although their average age was similar) also reported having a limiting long-term illness or disability.

Chapter 10 Kinship carers in Wales

An estimated 1.2 million people reported being the household reference person (HRP)²⁹ in Wales in the Census 2001. Of these, 29% (347,600) were parents who were caring for their own children. In relation to kinship care, we estimate around 7,400 (0.6% of all HRPs) respondents were kinship carers in Wales in 2001. Most were grandparents (4,900); one fifth (1,600) were siblings, and one in eight (900) were 'Other relative carers'. Figure 10.1 shows the distribution of kinship carers in Wales in 2001. It is clear that a considerably larger proportion (66%) of kinship care was provided by grandparents in Wales than in England (46%) or Scotland (44%). The number of 'Other Relatives' providing kinship care was small.

Figure 10.1: Distribution of Kinship Carers in Wales, 2001 (N=7,400)



Source: Calculated from 2001 Household CAMS

GENDER AND AGE

Previous chapters highlighted how kinship care was being predominantly provided by single women. In Wales, patterns of care were slightly different. As in England and Scotland most sibling carers were women (63%), as were 'Other relative carers' (78%). However, for grandparent kinship carers, the household reference person (HRP) was more often a grandfather (57%) than a grandmother (43%). As the HRP was the person in the household with the highest economic activity, it appeared that in Wales there were fewer single grandmothers than in Scotland or England.

²⁹ The HRP was the adult in the household with the highest economic activity

The average ages of the HRP in Wales are shown in Table 10.1. The average age of birth parents was 39 years old, with fathers tending to be slightly older than mothers. As would be expected the average age of kinship carers was highest for grandparent carers (59 years). Sibling carers had the lowest average age (36 years), with females slightly older than male sibling carers. ‘Other relative’ kinship carers had an average age (42 years), between that of grandparents and sibling kinship carers. Male respondents in this group were older than female (47 years compared to 40 years).

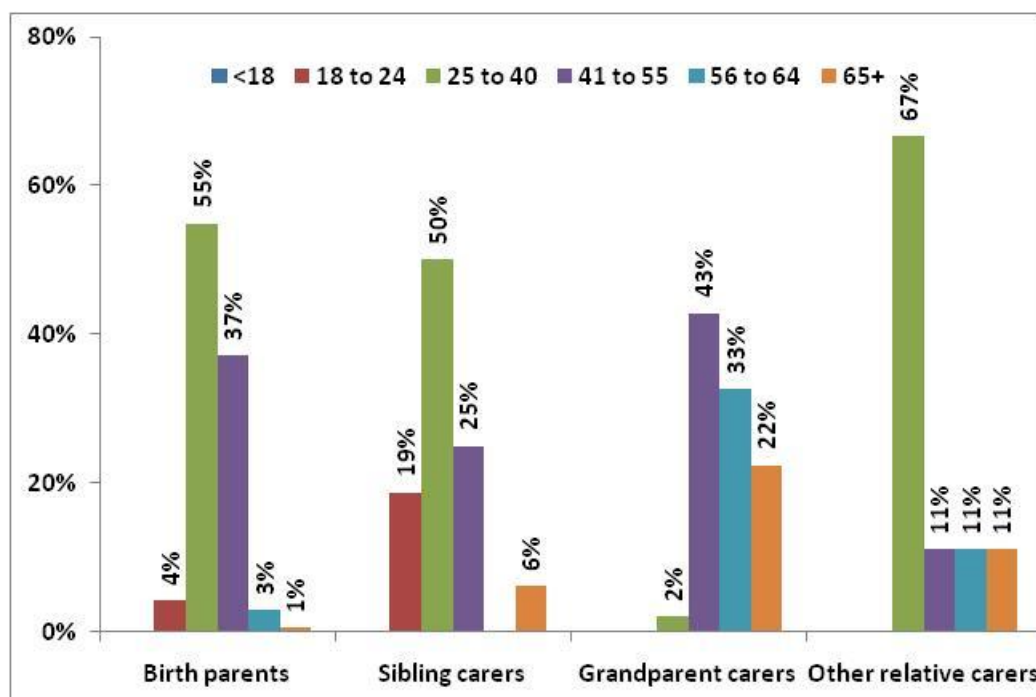
Table 10.1: Mean Age of Parents and Kinship Carers in Wales, by Gender, 2001

HRP classification	Gender	Mean	Number	Gender distribution (%)	Standard deviation of age (years)
Birth parent	Male	41	225,200	65	8.5
	Female	36	122,400	35	9
	Total	39	347,600	100	8.9
Sibling carers	Male	34	600	38	12.7
	Female	37	1,000	63	13.2
	Total	36	1,600	100	13.1
Grandparent carers	Male	59	2,800	57	9.2
	Female	59	2,100	43	9
	Total	59	4,900	100	9.1
Other relative carers	Male	47	200	22	9.5
	Female	40	700	78	11.8
	Total	42	900	100	11.6

Source: Calculated from 2001 Household CAMS

Figure 10.2 shows how the ages of respondents in Wales were distributed. Over half of all birth parents (55%) were aged between 25 and 40 years, with only 4% aged between 18 and 24 years. Siblings carers were generally younger, with one in five (19%) aged 18 to 24 years. Half of all sibling carers in Wales were aged between 25 and 40 years and most ‘Other relative carers’ were also in this age band.

Figure 10.2: Age Distribution of Parents and Kinship Carers, Wales 2001



Source: Calculated from 2001 Household CAMS

Grandparents, unsurprisingly, were at the older end of the age spectrum with the majority over the age of 41 years. One fifth (22%) of grandparents were aged 65 or over.

HOUSEHOLDS

Unlike England and Scotland, ‘Other relative carers’ tended to have the largest number of children in the household and were the group most likely to be looking after a child(ren) under 5 years of age. Siblings were mainly caring for two children while grandparents usually had one child in their household. Some carers, however, were caring for up to six children. Most carers had only one child in kinship arrangements and it is likely that the other children in the household were the birth children of the carer (see Appendix 9). Overcrowding³⁰ affected few birth parents in Wales (about 3%), and was not recorded for any of the households ‘headed’ by a grandparent kinship carer. It was also noted for fewer households with a sibling kinship carer (6%) than in England (19%) or Scotland (21%). However, a third of ‘Other relative carers’ in Wales were in households that were over-crowded.

³⁰ Overcrowding defined as more than one person per room

ETHNICITY

Data on the ethnicity of all respondents were available for Wales in 2001. Wales was ethnically more homogenous than England, with around 96% of all adult respondents being White. While the chapter on children in kinship care in Wales showed that around 7% of children living with relatives were non-White, their adult kinship carers were either all White (97%) or of Other White (3%) ethnicity. There were no kinship carers from any non-White groups in Wales (see Table 10.2)

Table 10.2: Number and Distribution of Parents and Kinship Carers by Ethnicity, Wales 2001

	Birth parents		Sibling carers		Grandparent carers		Other relative carers		Total	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
White	332,500	96	1,500	94	4,900	100	800	89	339,700	96
Other White	6,600	2	100	6			100	11	6,800	2
Mixed	2,200	1							2,200	1
Asian	4,000	1							4,000	1
Black	1,100	0							1,100	0
Chinese	900	0							900	0
Other	300	0							300	0
Total	347,600	100	1,600	100	4,900	100	900	100	355,000	100

Source: Calculated from 2001 Household CAMS

MARITAL STATUS

Analysis of the marital status of kinship carers in Wales in 2001 (Table 10.3) confirmed that most grandparent kinship carers were married. However, around three in ten (29%) were widowed and one in eight was divorced (12%). In contrast, far more sibling and 'Other relative carers' were parenting alone. Seven out of ten sibling carers were single as were more than three-quarters (77%) of 'Other relative carers'. While many sibling carers, because of their age, had never married, 44% of the 'Other relative carers' were divorced. It should be remembered that there were very small numbers of 'Other relatives' caring for children in Wales: only 900 carers.

Table 10.3: Marital Status of Parents and Kinship Carers in Wales, 2001

	Birth parents		Sibling carers		Grandparent carers		Other relative carers	
	Number	%	Number	%	Number	%	Number	%
Married (first married)	185,400	53	400	25	2,500	51	200	22
Re-married	33,100	10	100	6%	400	8	0	0
Single (never married)	61,900	18	600	38	0	0	300	33
Separated (but still legally married)	14,900	4	0	0	0	0	0	0
Divorced	46,800	13	300	19	600	12	400	44
Widowed	5,500	2	200	13	1,400	29	0	0
Total	347,600	100	1,600	100	4,900	100	900	100

Source: Calculated from 2001 Household CAMS

As was done with data for England and Scotland, Table 10.4 presents data by the Household Reference Person's gender on whether or not they were living with another adult, or were single. Again the gender differences are quite stark. Table 10.4 shows that while half of male sibling kinship carers were not living in a couple, the figure for female sibling carers was 90%. Grandmothers who were the HRP were frequently single (71%) compared to only 11% of grandfathers. None of the male 'Other relative carers' were single in comparison with over half (57%) of the female 'Other relatives'.

Table 10.4: Co-habiting Status of Parents and Kinship Carers by Gender, Wales 2001

		Birth parents		Sibling carers		Grandparent carers		Other relative carers	
		Number	%	Number	%	Number	%	Number	%
Male	Live in couple, married (incl. separated)	160,600	71	200	33	1,900	68	0	
	Live in couple, remarried	25,500	11	100	17	400	14	0	
	Live in couple, cohabiting	28,100	12	0		200	7	200	100
	Not living in couple, single	1,000	0.4	200	33	0		0	
	Not living in couple though married/remarried	800	0.4	100	17	0		0	
	Not living in couple, separated	1,500	1	0		0		0	
	Not living in couple, divorced	5,800	3	0		0		0	
	Not living in couple, widowed	1,900	1	0		300	11	0	
	Total	225,200	100	600	100	2,800	100	200	100
Female	Live in couple, married (incl. separated)	22,200	18	100	10	600	29	100	14
	Live in couple, remarried	6,800	6	0		0		0	
	Live in couple, cohabiting	7,200	6	0		0		200	29
	Not living in couple, single	36,800	30	400	40	0		100	14
	Not living in couple though married/remarried	1,300	1	0		0		0	
	Not living in couple, separated	12,000	10	0		0		0	
	Not living in couple, divorced	32,700	27	300	30	500	24	300	43
	Not living in couple, widowed	3,400	3	200	20	1,000	48	0	
	Total	122,400	100	1,000	100	2,100	100	700	100

Source: Calculated from 2001 Household CAMS

SOCIO-ECONOMIC POSITION

Being a lone parent increases the risk of poverty and Table 10.5 presents data on the socio-economic status of kinship carers in Wales in 2001. Unlike in England, where adults were generally evenly spread across each of the IMD income quintiles, the pattern in Wales was less uniform. A larger than expected proportion (26%) of birth parents lived in the poorest areas. That said, much larger proportions of kinship carers from all categories were observed in the lowest quintile, with over one-third of sibling carers (38%), grandparent carers (33%) and other relative carers (44%) living in the poorest 20% of SOAs³¹.

³¹ A Super Output area is a cluster of 20 adjoining postcodes

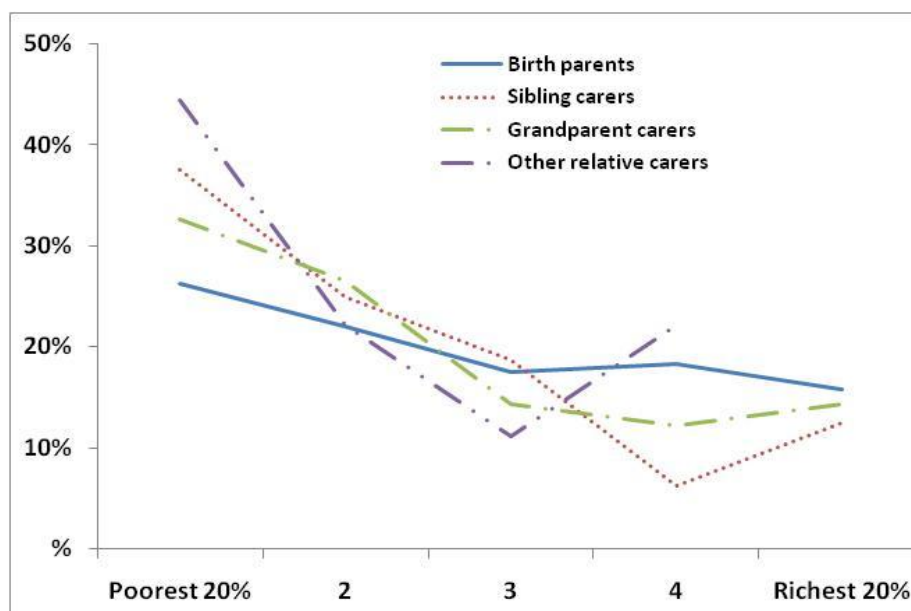
Table 10.5: IMD Income Quintile Distribution among Parents and Kinship Carers, Wales 2001

IMD Income quintile	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Poorest 20%	26%	38%	33%	44%
2	22%	25%	27%	22%
3	18%	19%	14%	11%
4	18%	6%	12%	22%
Richest 20%	16%	13%	14%	
Total	100%	100%	100%	100%

Source: Calculated from 2001 Household CAMS

At the other end of the distribution, there were no ‘Other relative carers’ living in the richest 20% of IMD income areas but higher proportions of sibling and grandparent carers than in England and Scotland. The patterns of over- and under-representation among the different categories of carers in each quintile can be seen more clearly in Figure 10.3, below. Points above the solid blue line (birth parents) show an over-representation, and points below the solid line show an under-representation.

Figure 10.3: IMD Income Quintile Distribution by Parents and Kinship Carers, Wales 2001



Source: Calculated from 2001 Household CAMS

Income poverty can also be examined through the HRP’s occupation (Table 10.6). Unlike in Scotland and England, where small proportions of all types of kinship carers were present in the top social

classes (A Professionals and B Middle managers), a larger proportion of male sibling carers in Wales were in this class. Around one in ten (10%) of the female sibling kinship carers were also in the top social classes, higher than that of Scotland (0%) and England (8%). There were relatively few grandparent carers in the highest social group, with most located in groups C2 (skilled manual) (50% male, 11% female) and D (semi-skilled and unskilled manual workers) (31% male, 47% female). There were lower proportions of female respondents in Wales on benefits or unemployed than in either Scotland or England.

Table 10.6: Occupational Social Class of Parents and Kinship Carers, Wales, 2001

		Birth parents		Sibling carers		Grandparent carers		Other relative carers	
		Number	%	Number	%	Number	%	Number	%
Male	A Professional/ B Middle managers	58,203	26	200	33	108	4	0	0
	C1 All other non-manual workers	57,502	26	0	0	215	8	100	50
	C2 All skilled manual workers	56,500	25	100	17	1,400	50	100	50
	D All semi-skilled and unskilled manual workers	48,887	22	200	33	862	31	0	0
	E On benefit/unemployed	4,107	2	100	17	215	8	0	0
	Total	225,200	100	600	100	2,800	100	200	100
Female	A Professional/ B Middle managers	15,651	13	100	10	0	0	0	0
	C1 All other non-manual workers	34,713	28	100	10	332	16	400	57
	C2 All skilled manual workers	6,421	5	100	10	221	11	100	14
	D All semi-skilled and unskilled manual workers	47,455	39	500	50	995	47	100	14
	E On benefit/unemployed	18,159	15	200	20	553	26	100	14
	Total	122,400	100	1,000	100	2,100	100	700	100

Source: Calculated from 2001 Household CAMS

All groups of kinship carers reported that they had fewer educational and professional qualifications than did birth parents (Table 10.7). As in England and Scotland the majority of grandparent kinship carers had no qualifications. Even among younger adults, one in three (33%) male sibling carers and half (50%) of female sibling carers lacked any qualifications.

Table 10.7: Proportion of Parents/Kinship Carers with No Educational or Professional Qualifications, Wales 2001

	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Male	24%	33%	54%	50%
Female	30%	50%	67%	29%

Source: Calculated from 2001 Household CAMS

Half of male other relatives, and 29% of female other relatives providing care had no qualifications, lower proportions than those seen in Scotland.

PHYSICAL HEALTH OF CARERS

Previous research (Kenway et al., 2005) has commented on the greater prevalence of ill-health in Wales. In the Census 2001, over a quarter of all male and over a third of all female respondents reported having a limiting long-term illness or disability (LLTI) which affected their daily activities and work (Table 10.8).

Birth parents reported the lowest rates of LLTIs and grandparent kinship carers the highest rates, with 39% of grandfather carers and 57% of grandmother carers affected. As expected, sibling carers had the lowest rates of LLTI among kinship carers (17% male, 20% female). There was a greater proportion of LLTIs among male 'Other relative' carers. Men in this group, however, were on average around six years older than women, which may explain the difference. However, high rates of LLTIs in the working age population have been noted (Kenway et al., 2005) in certain areas of Wales particularly in the Valleys (within local authority areas such as Merthyr Tydfil) and these areas were also the ones where the majority of kinship carers were situated.

Table 10.8: Proportion of Parents and Kinship Carers Reporting an LLTI by Gender, Wales 2001

	Birth parents	Sibling carers	Grandparent carers	Other relative carers
Male	11%	17%	39%	50%
Female	13%	20%	57%	43%

Source: Calculated from 2001 Household CAMS

The picture of kinship carers in Wales differs somewhat to that of England and Scotland, in that it is primarily grandparents who act as kinship carers, accounting for two-thirds of all kinship carers. In England and Scotland, grandparents accounted for 46% and 44% of kinship carers respectively. As in the other countries of the UK, kinship carers in Wales tended to be from the poorer end of the income distribution, with large proportions reporting a lack of any professional or educational qualifications. These data and the analyses in this chapter all provide clear evidence that households providing kinship care to children in Wales, England and Scotland in 2001 almost certainly faced considerable resource constraints, with implications for the nature and quality of care. Given that Chapter 3 demonstrated that over 90% of kinship arrangements do not involve 'looked after' children, it is clear that much remains to be learned about the needs and conditions of children and carers involved in kinship care in the UK. The analyses presented here using data from the 2001 Census can act as a baseline for future assessments. Analyses of data from the 2011 Census will reveal a more up to date picture and profile of kinship care in the UK in the first decade of the twenty-first century.

SUMMARY

- The picture of kinship carers in Wales differs somewhat to that of England and Scotland, in that it is primarily grandparents who act as kinship carers, accounting for two-thirds of all kinship carers. Sibling (22%) and 'Other relative' (12%) kinship carers made up smaller proportions of kinship carers. All the kinship carers in Wales in 2001 were of White ethnicity.
- Sibling kinship carers were mainly young single women, but unlike England and Scotland were not generally parenting as many children and few reported overcrowding. In addition, sibling kinship carers were in general also not confined to the bottom of the income distribution or to unskilled work or unemployment. In Wales, a greater proportion of sibling carers were in the richest quintile of the income distribution and in higher occupational classes.
- A small number (900) of 'Other relatives' were kinship carers. They were parenting more children than the other groups of kinship carers and a greater proportion reported overcrowding. Most were single women living in poor circumstances.
- All groups of kinship carers reported that they had fewer educational and professional qualifications than did birth parents. As in England and Scotland the majority of grandparent kinship carers had no qualifications. Even among younger adults, one in three (33%) male sibling carers and half of female sibling carers lacked any qualifications.
- Grandparent kinship carers reported the highest rates of limiting long-term illness (LLTIs), with 39% of grandfathers and 57% of grandmothers affected. As expected, sibling carers had the lowest rates. A greater proportion of male 'Other relative carers' reported LLTIs. Men in this group, however, were on average around six years older than women, which may explain the difference. However, high rates of LLTIs in the working age population have been noted in certain areas of Wales and these areas were also the ones where the majority of kinship carers were situated.

Chapter 11 Conclusions

It has been thought for some time that the number of children growing up with relatives or friends is substantial and that the frequency of kinship care has been increasing (Richards and Tapsfield 2003). It has been suggested that changing social conditions such as the increase in single parent families and increasing substance and alcohol misuse make it more likely that, in the event a parent cannot care for the child, relatives have to step in and help. For example, in 1993 there were about 1,560 women in prison but by 2006 the prison population had risen to around 4,463. It is estimated that more than half (55%) of these women had a child under 16 years and a third had a child under five years of age.³² Many of these women were from disadvantaged backgrounds and had been parenting alone. So, that when imprisoned, relatives or friends might well have been needed to help. Research has also shown that there are many other reasons why relatives are caring for children such as bereavement, illness, domestic violence, disability, abuse, neglect, parental alcohol and substance misuse (Welland and Wheatley, 2010, Aldgate, 2006).

Changes in policy and legislation have also given a clear mandate to social workers that wherever possible children should be cared for by members of the extended family or others with whom they already have a relationship. As a result formal kinship placements have been increasing. Between 31st March 1996 and 31st March 2000, the number of looked after children in England increased by 13% while during the same period the number of children in formal kinship care increased by 32% (DH 2001). More recent surveys suggest that the numbers have continued to increase. In Scotland around 1 in 10 looked after children were cared for by kinship carers in 2001 but by 2010 this had increased to 1 in 5 (Dryburgh, 2010). This trend is expected to continue³³. Although research has suggested that looked after children in formal kinship placements make up only a small proportion of all the children living with relatives very little is known about the majority of kinship care arrangements in the UK.

Research (Farmer et al, 2008 Hunt et al, 2008) has focused on formal kinship care and examined the characteristics and outcomes of these types of placement. Surveys (e.g. Dryburgh 2010; Welland and Wheatley 2010; Richards 2001) have contacted carers who made use of telephone help lines or

³² HMPS website http://www.hmprisonservice.gov.uk/adviceandsupport/prison_life/femaleprisoners/

³³ <http://www.scotland.gov.uk/Publications/2009/02/27085637/4>

were known to the agency. However, because so little has been known about the entire kinship population, these studies were unable to comment on how representative the families sampled were or if there were significant differences in the characteristics of formal and informal kinship carers.

Therefore this study was funded by the Big Lottery fund to address some of these gaps in knowledge. The study had two parts. In the first part, reported here, the population Census 2001 was analysed to provide more information on kinship care. The second part to be published later, will report on face to face interviews with 80 informal kinship carers and young people (who were not looked after) about their experiences of kinship care.

AIMS AND METHOD

The study had two main aims. These were:

- ❖ To provide information on the extent and prevalence of informal and formal kinship care in the UK, by country and by region.
- ❖ Describe the characteristics of carers and children living in kinship care

The population Census 2001 was used to identify children in kinship care in England, Wales, Scotland and Northern Ireland. This was achieved by selecting the household reference person (the adult with the greatest economic activity) and identifying households where there were dependent children living at their usual address but without a birth parent present. Analyses of these data provided a total estimate of children cared for by relatives and their characteristics. However, this study's focus was on understanding more about the 'informal' kinship group and therefore data were requested on children 'looked after' by family members and friends from the government departments in the four countries. By subtracting the numbers of children 'looked after' formally by kin from the total number of children in kinship care, we intended to provide more reliable estimates of formal and informal kinship care.

The Census also provided data on the ethnicity, age, gender and socio-economic position of carers and children. This enabled us to present a picture of the families in which child lived. These analyses should provide a much improved basis for developing national and local policy and practice in the area of kinship care.

LIMITATIONS

There are a number of limitations in this study. First, due to the way relationships were categorised in the Census, it was only possible to identify children growing up with relatives. We were not able to estimate the number of children growing up with friends but data from other surveys would appear to suggest that this number is small.

Evaluating whether kinship care has grown proved difficult because some questions were asked in slightly different way in the census in 1991 and 2001 and also questions differed in each of the UK countries. Our conclusions on growth are therefore very tentative.

Data from some UK countries were missing. For example, there were no data on the ethnicity of carers in Scotland and no data on carers at all in Northern Ireland.

The census also did not ask a direct question about income. Although this has frequently been considered (and much requested by policy makers, local government officials and academics), it was not included because of concerns about the reliability of people's answers, as there has been an unwillingness among the general population to reveal such information (ONS, 2000). Instead, we used the income deprivation domain from the Index of Multiple Deprivation. This index is based on the income levels within a geographical area, rather than individual's exact income. However, the findings were supplemented by also examining the occupation of the household reference person and the number of deprivations the child was subject to. These three indicators gave a consistent picture of the level of child poverty for those in kinship care.

THE NUMBER OF CHILDREN LIVING IN KINSHIP CARE IN THE UK 2001

Our analyses found that in the UK in 2001 approximately 173,200 children were living with relatives without their parents present in the household. Most children in the UK live in England (Table 11.1), and so unsurprisingly, most children living with relatives lived in England. However, if we consider the prevalence rate of kinship care, i.e. the number of children in kinship care per 100 children in the population, Wales had the highest prevalence rate of 1.4%. This means around 1 in every 72 children in Wales were living in a kinship care arrangement in 2001. Scotland and England both had prevalence rates of around 1.3% (or around 1 in every 77 children), and Northern Ireland had the lowest prevalence rate of 1.1% (or 1 in every 91 children).

TABLE 11.1: THE NUMBER OF CHILDREN IN THE UK GENERAL POPULATION AND IN KINSHIP CARE IN 2001

	England	Scotland	Wales	Northern Ireland	UK total
	N	N	N	N	N
Child population (under 18)	11.1 million	1.1. million	662,400	451,000	13.3 million
Children living with relatives	143,367	15,433	9,200	5,200	173,200

Source: Calculated from 2001 I- CAMS

Based on evidence from existing studies, we expected relatively high rates of prevalence of kinship care in Inner London, but we were surprised to find similarly high rates in the North West of England (particularly Manchester), where around 3 in every 100 children were living with relatives. Within each of the UK's countries there were areas where the prevalence of kinship care was much higher than average. For example:

- ❖ In the London Borough of Newham around 4 in every 100 children were living with relatives;
- ❖ In Merthyr Tydfil in Wales and Inverclyde in Scotland approximately 3 in every 100 children were living with relatives;
- ❖ In Belfast West in Northern Ireland around 2 in every 100 children were living with relatives.

There were also regions of the country where very low proportions and numbers of children were in kinship care. Further information on the prevalence of kinship care in individual local authorities is presented in the full report.

ESTIMATING THE EXTENT OF FORMAL AND INFORMAL KINSHIP CARE IN 2001

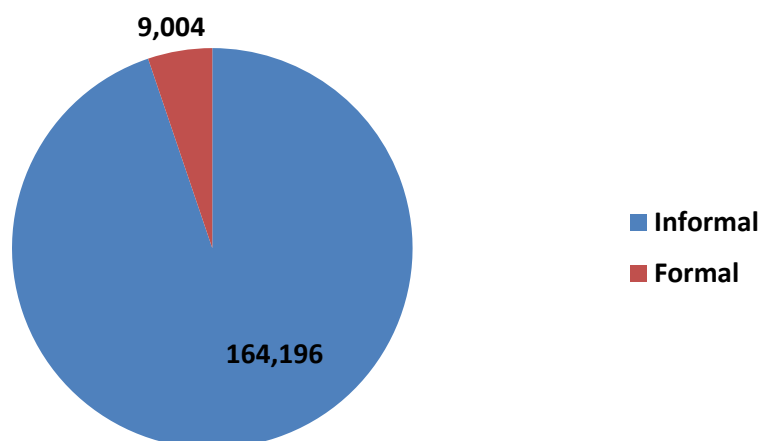
Based on the Census data, we estimate that around 173,200 children were living with relatives, but some of these children were being formally looked after, having been placed by Children's Services. To estimate the number of children living informally with relatives, those living with kin formally (i.e. with family and friends foster carers) were deducted from the total of 173,200. The table below (Table 11.2) shows how the Census data were used in conjunction with data on looked after children to provide estimates of formal and informal kinship care.

TABLE 11.2: ESTIMATED NUMBER OF CHILDREN IN THE UK IN FORMAL AND INFORMAL KINSHIP CARE, 2001

	All children living with relatives	Number of looked after children fostered with relatives	Estimated number of children living in informal kinship care	Proportion (%) of children in kinship care in <i>informal</i> arrangements
England	143,367	6,870	136,497	95
Scotland	15,433	980	14,453	94
Wales	9,200	620 ³⁴	8,580	93
Northern Ireland	5,200	534 ³⁵	4,666	90
UK Total	173,200	9,004	164,196	95

It is apparent that the vast majority – about 95% - of children living in kinship care arrangements in the UK in 2001 were doing so informally (Figure 11.1). As such, they and their carers would not have been entitled to, and would be unlikely to have received, the same level of financial or other support provided to children living in formal placements. This fact has clear implications for policy makers and advocates working for the interests of children living with kin.

FIGURE 11.1: NUMBER OF CHILDREN IN KINSHIP CARE IN THE UK 2001



The 2001 Census collected information on the characteristics of children and the households in which they lived, and the next section shows what the Census tells us about children living in kinship care arrangements. It should be noted however, that the Census only provides a snapshot of one point in time, and as such does not contain much information to explain *why* children were

³⁴ Data for Wales are from 2003, the earliest year for which 'robust' CLA data were available.

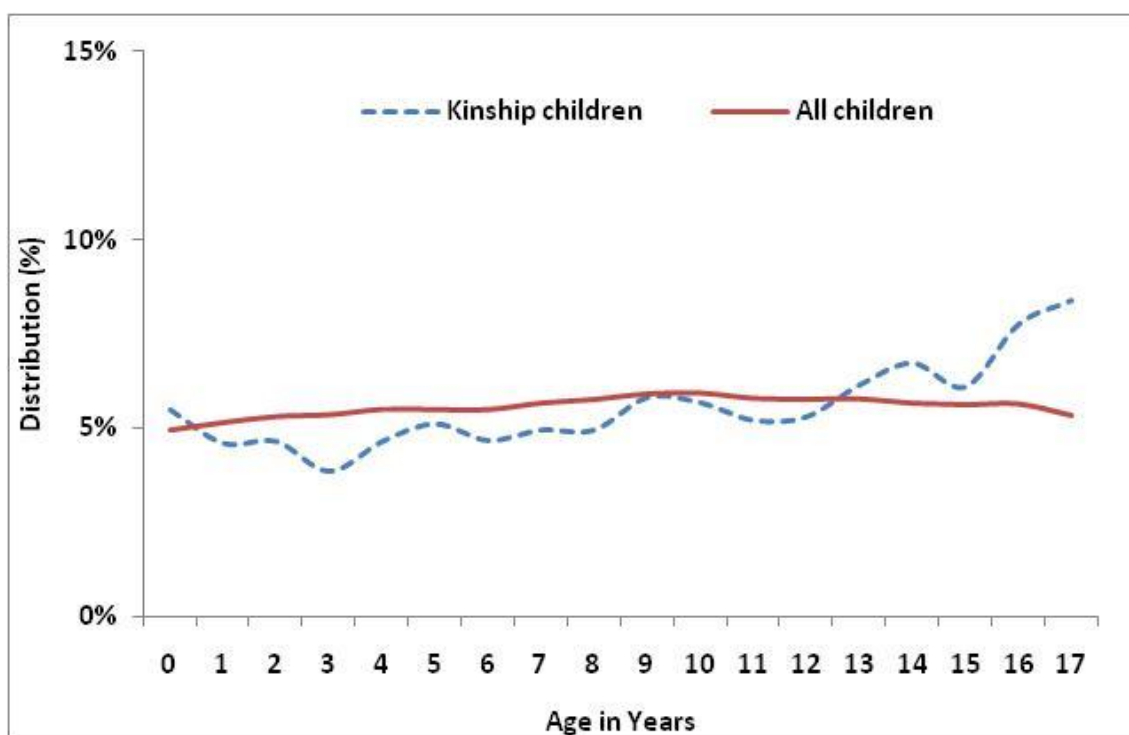
³⁵ Data for Northern Ireland are from 2002, www.dhsspsni.gov.uk/statistics_and_research-cib/looked-after-children

living with relatives, how long they had been living there, and what were the reasons they ended up living away from their parents.

CHILDREN IN KINSHIP CARE

One of the most notable features of kinship care in the UK, apparent in all four countries, was the fact that older children, particularly those aged between 15 and 17 years, were most likely to be living with kin. Figure 11.2 shows the distribution by age of the child population (solid line) in England in 2001. It also shows the distribution by age of the population of children living in kinship care (dotted line). What is clearly apparent is that older children account for a much larger share of the kinship care population than they do for the child population as a whole. Thus the dotted line rises above the solid line at around age 13, and stays above it. Younger children, on the other hand, aged between 1 and 12 years, account for a smaller than expected proportion of the kinship care population, with the dotted line below the solid line.

FIGURE 11.2: DISTRIBUTION (%) BY AGE OF ALL CHILDREN AND CHILDREN IN KINSHIP CARE IN ENGLAND, 2001



While the general patterns of child and kinship care population distributions differed slightly between countries it was apparent (in all four countries) that older children (i.e. 13 years +) accounted for larger than expected shares of the kinship care population. Given the low overall prevalence of kinship care in Northern Ireland it surprisingly had the highest prevalence (1.8%)

among older teenagers in relative care in the UK. Around one in every 55 young people aged 15-17 years in Northern Ireland were living in kinship care arrangements in 2001.

ETHNICITY OF CHILDREN IN KINSHIP CARE IN 2001 IN THE UK

Being of minority ethnicity was also associated with being in a kinship care arrangement. In all UK countries children of minority ethnicity were over-represented among the kinship care population – i.e. their share of the kinship care population was greater than their share in the child population as a whole.

ENGLAND - ETHNICITY OF KINSHIP CHILDREN

In England, the chances of being in kinship care increased with the child's age for both minority ethnic children and white children alike. However, Black children, of both African and Caribbean origin, were over-represented among the kinship care population, although the degree of over-representation was particularly pronounced for children of Black African origin. Mixed ethnicity children, Asian children from all groups, and children of Chinese ethnicity were also all over-represented in the kinship care population, and all were more likely than white children to be living with kin once factors like age, sex and socio-economic status were taken into account.

Black children (both African and Caribbean) made up around 3% of all children in England in 2001, but they accounted for around 9% of children living with relatives. Prevalence rates were particularly high among Black African teenage boys (9%) with around 1 in 11 of *all* African boys aged 15-17 years living in England living with relatives. Chinese children too, (boys and girls) aged 10-14 years were also over-represented, with around 1 in every 20 of all Chinese children aged 15-17 living in kinship care. In the younger age groups, Asian (particularly Pakistani) girls were over-represented: around 3 in every 100 Asian girls aged 0-4 years were living with relatives (i.e. a prevalence rate of 3% for this particular group).

NORTHERN IRELAND - ETHNICITY OF KINSHIP CHILDREN

Northern Ireland had the smallest minority ethnic child population (1%) but they made up 5% of those in kinship care. Non-white boys and girls aged 15-17 years old, and non-white girls aged 5-9 years, were over-represented in kinship care.

SCOTLAND - ETHNICITY OF KINSHIP CHILDREN

In 2001 Scotland had a less ethnically diverse population than England. The number of minority ethnic children living in Scotland in 2001 was small (around 2% of the total) but even so they accounted for 5% of the kinship care population. Children of all ethnicities (including white) were over-represented in Scotland in the older age groups. However, unlike in England where it was mainly minority ethnic teenagers living with relatives, in Scotland it was young minority ethnic boys. Thirty percent (three out of every ten) of non-white boys in Scotland aged 0-4 years were living with relatives, compared to 1 in every 122 white Scottish boys of the same age.

WALES - ETHNICITY OF KINSHIP CHILDREN

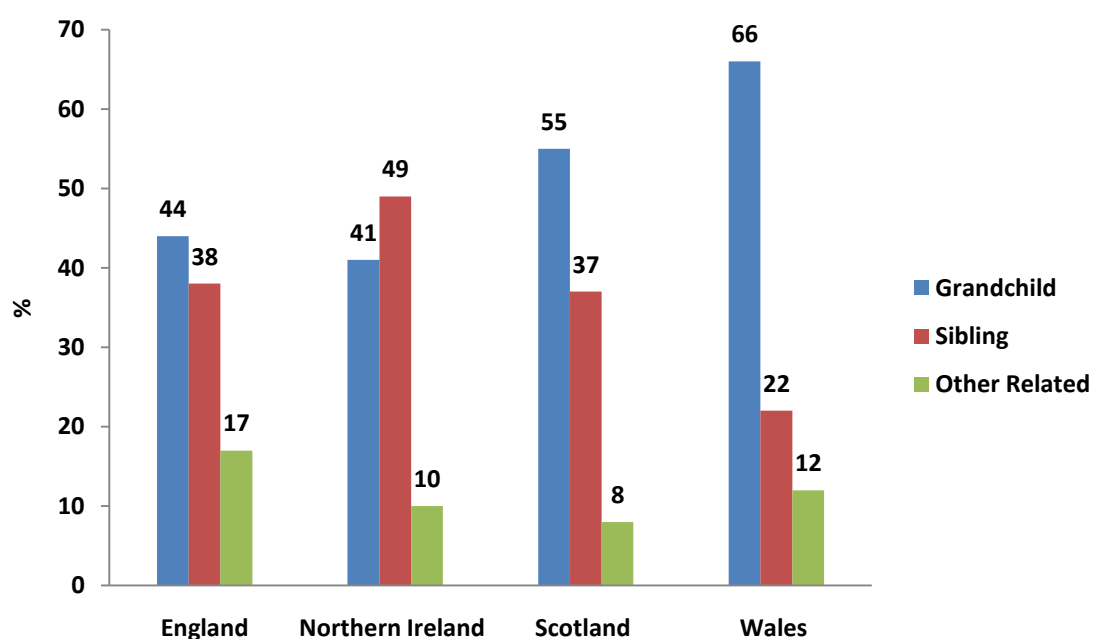
A larger proportion (4%) of children in Wales in 2001 was from a minority ethnic background than either Scotland or Northern Ireland. However, unlike England and Scotland, Asian and black children were not generally over-represented in kinship care in Wales. Instead children of mixed ethnicity were 2½ times more likely than white children to be in kinship care.

The Census does not include data which explains *why* these children were in kinship care or whether the reasons for using kinship care differed between ethnic groups. The second part of the study, with in-depth qualitative interviews, will report in more detail on these and other issues.

THE CHILDREN'S RELATIONSHIP TO THEIR KINSHIP CARERS

Our analyses identified three distinct groups of relatives caring for children: a) grandparents b) siblings, and c) 'Other relatives' such as aunts, uncles and cousins. One of our most important findings is that between one fifth and half of children living with kin were in fact living with a sibling. The Family Rights Group has recently highlighted the needs of this hitherto unknown and invisible group of kinship carers (Family Rights Group, 2011), and our analysis of the Census provides important additional information to supplement what little is known. Figure 11.3 shows that in 2001 there were differences between countries in the proportions of children living with each type of carer. Most striking was the finding that nearly half (49%) of all the kinship care children in Northern Ireland were being cared for by a sibling.

FIGURE 11.3: THE RELATIONSHIP OF CHILDREN TO THEIR CARER BY UK COUNTRY



Although there was variation by country and by type of relative carer, there were some general patterns in the characteristics of carers. Here, we provide a pen picture of each type of carer. Unfortunately, household matrix data for carers in Northern Ireland were not available.

GRANDPARENTS

In the UK, most kinship carers were grandparents who were of white ethnicity. As one would expect, grandparent carers tended to be the oldest group of carers. Most grandparents were in their late 50s and early 60s. However, around one in four kinship grandparents were aged 65 years or older. Unsurprisingly, given their age, over one-third reported a limiting long-term illness or disability that restricted their daily activities. Higher rates of limiting long-term illness or disability were reported by grandmothers.

As noted earlier, the Census identifies the Household Reference Person (HRP) as the person with the highest economic activity in the household. Grandfathers were the HRP in just less than half of all the grandparent kinship households. In these households, grandfathers were rarely living alone. The vast majority (over 80%) had a wife or partner. However, when grandmothers were identified as the HRP (just over half of grandparent households) about three-quarters of these women were

single carers. In England and Scotland about a third of grandmothers were widowed and in Wales, the proportion widowed was much higher at 48%.

Most grandparent families were caring for only one child - the child in the kinship arrangement - but family size ranged from 1 to 9 children. The majority of grandparents had no educational or professional qualifications and were poor. About 60% of kinship households headed by a grandparent in England and Wales, and 77% in Scotland, were living in the poorest 40% of areas of the country (as defined by level of income), with most of these in the poorest twenty percent of areas. Grandmother 'headed' households tended to be poorer than those where the grandfather was the HRP. About one in three grandmother 'headed' kinship households were workless and dependent on benefits or pensions, compared to 1 in 10 households 'headed' by a grandfather.

SISTERS AND BROTHERS

Most sibling kinship carers in the UK were sisters, single, and in their early thirties. In comparison with grandparent kinship carers, a higher proportion of sibling carers had some educational or professional qualifications but significant numbers still had none. Between 39% and 50% of sister headed households had no professional or vocational qualifications. The size of sibling 'headed' households varied, with most siblings caring for two or more children, of which at least one was a child in kinship care. In comparison with the other types of kinship carer, sibling carers were also more likely to have young children (i.e. under five years old) in the household. Compared to other kinship households, a greater proportion of sibling 'headed' households were overcrowded with around one in five having more than one person per room.

As with other kinship carers, most sibling carers were living in poor and deprived conditions. Very few sisters providing kinship care were in occupational social classes A or B (i.e. professional and middle managers), with most either in low paid semi-skilled/manual work or unemployed. It is likely, given their caring responsibilities and lack of qualifications, that many sibling kinship carers, particularly sisters, would have been working part-time and receiving low rates of pay. Indeed, sister-headed households were generally the poorest of all kinship households.

In England and Wales around a third of sibling carers were brothers, as were a quarter in Scotland. Most male sibling carers were married or living with a partner. Although they were slightly better off than female sibling carers, they were generally working in manual occupations. However, in

Wales, male sibling kinship carers were also evident in occupation social classes A and B, with a third working in professional or managerial jobs.

OTHER RELATIVE CARERS

Other relative carers such as aunts, uncles and cousins made up the smallest proportion of kinship carers. They tended to be in their forties and older than sibling carers, but younger than grandparents and most were caring for two or more children.

Their household composition differed by country: England and Scotland had a similar pattern but Wales was quite different. In England and Scotland, the HRP was a male in about half of 'Other relative carers' households, three-quarters of whom were married or living with a partner. As with other types of kinship carers, female-headed households were usually lone carers. Wales had much smaller numbers of children (only around 800) cared for by 'Other relatives'. These households were predominantly headed by women (78%) and fewer (57%) were single carers in Wales than in England and Scotland. However, a far larger proportion of 'Other relative' kincarers in Wales reported a limiting long-term illness, although the average age of the carers was not that different to other countries in the UK.

Just as was seen for other groups of carers, many of the families involved in kinship care arrangements (both formal and informal) were living in poverty. This was especially the case in Scotland. A staggering 82% of all the families where an 'Other relative' was the kinship carer were living in the poorest 40% of areas. However, there was more income variation within the group of 'Other relative carers'. In England, Scotland, and Wales, in comparison with other kinship carers, a greater proportion of adults were in skilled work. This suggests that there may be a particular subgroup of 'Other relative carers' (perhaps those who were younger or of minority ethnicity) who are particularly disadvantaged and poor.

KINSHIP CARERS WITH A LIMITING LONG-TERM ILLNESS OR DISABILITY

Many kinship carers clearly had considerable economic constraints, with few economic resources and poorly paid jobs. Many also reported experiencing a limiting long-term illness or disability (LLTI) which affected their daily life. In 2001, around 18% of the general population reported a LLTI, and of course these rates increase with age, particularly for those aged 45 years and over. Census data show that below 44 years, rates of LLTIs were 10% or less in the general population, but about

twice this by for the 45-59 years age group. For the 60-74 years age group, LLTIs affected about 40% of the population, with differences between men and women only becoming apparent for those aged over 65 years. Between 60 and 74 years of age, men reported slightly higher rates of LLTIs but after 75 years, rates were higher for women. However, those who were unemployed, widowed, divorced or single all reported higher levels of LLTI than those who worked or were living with a partner (ONS 2004). We have already shown how these characteristics were associated with kinship carers and indeed kinship carers reported higher rates of LLTIs than adults in the general population (Table 11.3).

TABLE 11.3: THE PERCENTAGE OF HOUSEHOLD REFERENCE PERSONS CARERS REPORTING A LIMITING LONG-TERM ILLNESS OR DISABILITY BY GENDER IN THE CENSUS 2001

Country	Household Reference Person	Birth Parents %	Grandparents	Siblings	Other relative carers
			%	%	%
England	Male	8	33	7	22
	Female	12	47	11	18
Scotland	Male	8	28	40	13
	Female	14	68	18	11
Wales	Male	11	39	17	50
	Female	13	57	20	43

Source: Calculated from 2001 Household CAMS

Grandmothers, in particular reported high rates of LLTI but the shaded cells in Table 3 are to highlight those groups who reported prevalence rates of LLTIs at least twice as high as the national rate. There were surprisingly high rates reported by male sibling carers in Scotland, and by both men and women 'Other relative carers' in Wales. Wales in particular had high LLTI rates and this finding has also been noted in studies of the general population in Wales, particularly among those of working age (Kenway et al., 2005).

Disability and poor health are known risk factors associated with poverty and it was very striking the extent of poverty among children and their kinship carers. While the majority of kinship carers were living in poverty, female headed kinship household were markedly poorer.

When we began this study we wondered if previous findings about the high levels of poverty in kinship households would hold in a representative sample from the Census. We questioned

whether previous studies might have been biased, with samples overwhelmingly drawn from low income families in contact with support agencies. However, this study reinforces and strengthens previous findings that highlighted the poverty and very real needs of children living in kinship care and their carers (Hunt, 2003, Farmer and Moyers, 2008, Dryburgh, 2010). Children who grow up in poverty tend to have poorer outcomes across a range of dimensions, including health, social development and educational attainment. As disadvantaged children grow up, a number of barriers and factors contribute to them gaining fewer qualifications, leading to a widening gap in employment outcomes and health inequalities in later life. As adults, their own children are at risk of growing up with the same disadvantages perpetuating the poverty cycle for a new generation. Poverty has costs to society as well as the individual. By limiting children's educational attainment it reduces the skills available to employers, and impedes economic growth. It has been suggested that child poverty costs Britain at least £25 billion a year (Hirsch, 2008).

In 2001, the average risk of a child being poor in the UK was 23% (CPAG, 2006). However, the risks for some groups of children, such as those living in workless households and where the household was headed by a single parent or an adult of minority ethnicity increased the risk. Data from the Census showed that most children in kinship care were living with families whose characteristics were associated with increased risk of poverty: single female carers, dependent on benefits, workless households, a higher prevalence of reported LLTIs and an over-representation of ethnic minorities. Kinship carers too, often had fewer educational or professional qualifications than the general population and for the most part were unemployed or in unskilled jobs.

Many of the kinship families were 'headed' by a lone female carer: a sister or an aunt and most frequently a grandmother. While pensioner poverty decreased during the 1990s, this was largely the result of increasing numbers of pensioners retiring with personal and private pensions. However, as Middleton (2006) has highlighted, this disguises a sub-group of pensioners (particularly older women) dependent on the State Retirement pension which has fallen in relative value. It is likely that many grandparent kinship carers fall into this sub- group, as so few had any qualifications and would have been unlikely to receive an occupational pension. However, even if grandparents had an occupational pension, bringing up children is costly and was unlikely to have been planned for financially.

The Census provides a number of ways to examine the relationship between kinship care and poverty. The first measure we used was the income deprivation dimension from the Index of

Multiple Deprivation (IMD) (Noble et al., 2004). The income deprivation domain is a measure which contains information from a number of indicators including the number of people reliant on means tested benefits; the proportion of households receiving working family tax credits or disabled person's tax credits whose equivalised income is below 60% of median income³⁶, and the number of supported asylum seekers. The model of multiple deprivation which underpins the IMD is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately. These are experienced by individuals living in an area and the IMD data clusters about 20 adjoining postcodes into areas. Thus IMD data do not relate to individuals or individual households, *but to areas*. Our analysis found that the majority of children living in kinship care were living in the poorest 40% of areas and many were in the bottom 20% as shown in Table 11.4. Data for Northern Ireland were not available.

TABLE 11.4: THE PERCENTAGE OF CHILDREN IN THE GENERAL POPULATION AND IN KINSHIP CARE LIVING IN THE POOREST 20% OF AREAS IN EACH COUNTRY

	England %	Scotland %	Wales %
Children in the general population	24	23	28
Children in kinship care	44	45	38

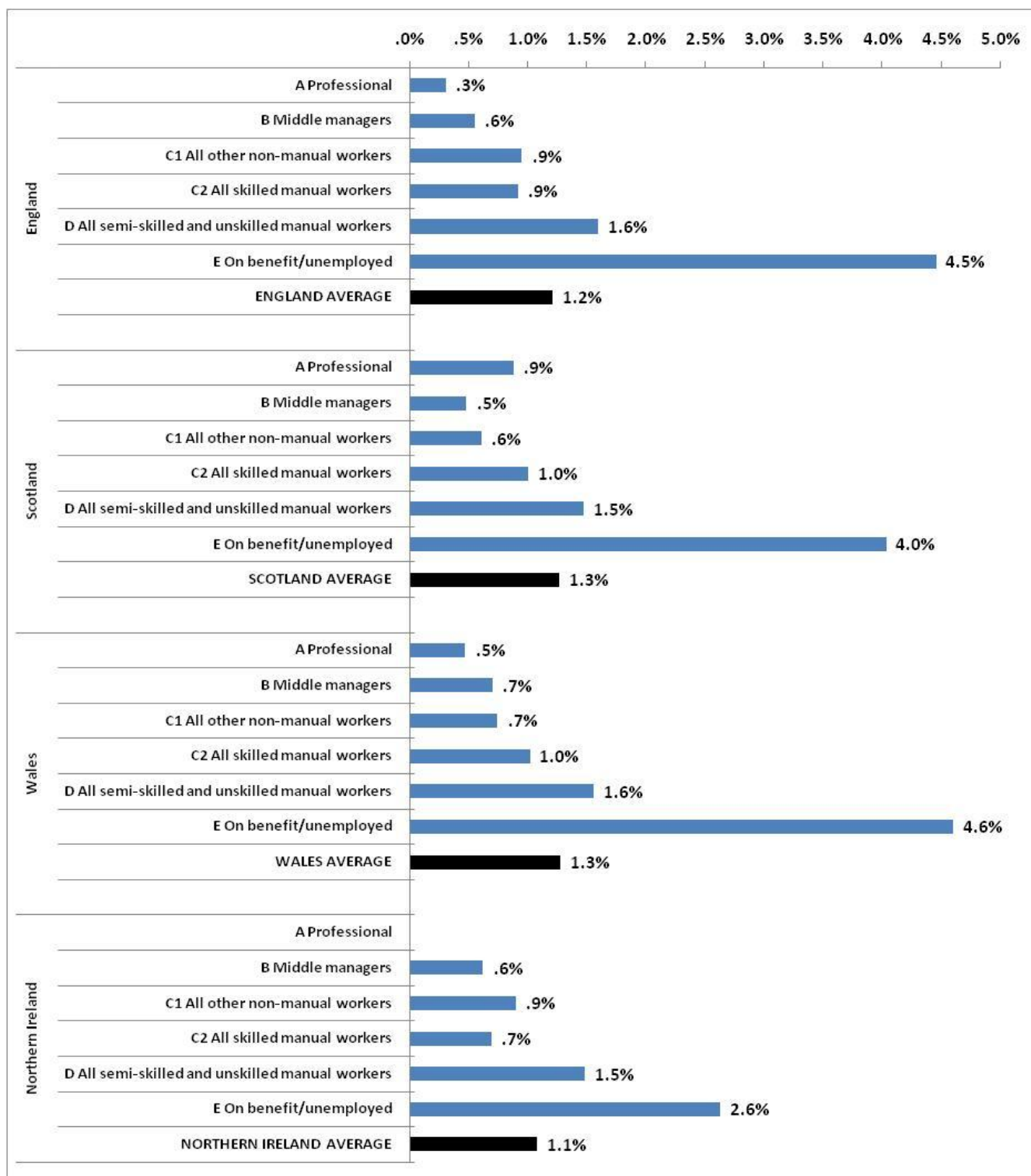
Source: Calculated from 2001 I-CAMS

Of course, not everyone living in a deprived area is necessarily poor and therefore we also considered a second measure of income: the occupational social class of the HRP. This information was collected on individuals who returned the Census questionnaire. Occupational social class is a 6-level indicator³⁷ and ranges from Professionals and Middle Managers in classes A and B, to the unemployed and those on benefits in Class E. These data confirm that most children in kinship care were living in poverty. Figure 11.4 shows how the prevalence of kinship care in all countries of the UK were highest in what are considered the poorest social classes, i.e. classes D and E.

³⁶ Being below 60% of median income has become the standard income poverty measure GORDON, D. & TOWNSEND, P. 2001. *Breadline Europe: The Measurement Of Poverty*, Bristol, The Policy Press..

³⁷ Occupational Social Class: A (Professional), B (Middle managers), C1 (All other non-manual workers), C2 (Skilled manual workers), D (Semi-skilled and unskilled manual workers) and E (Unemployed/benefits).

FIGURE 11.4: PREVALENCE RATES (%) OF KINSHIP CARE AMONG CHILDREN IN ENGLAND, SCOTLAND, WALES AND NORTHERN IRELAND BY OCCUPATIONAL SOCIAL CLASS OF HRP, 2001



SOURCE: CALCULATED FROM 2001 I-CAMS

Around 1 in every 39 children in Northern Ireland in social class E were living with relatives compared to around one in every 167 children in social class B (no children in social class A were recorded as living in kinship care in Northern Ireland). In Scotland around one in every 25 children in social class E were living in kinship care, compared to one in 22 children in England and Wales. Far lower prevalence rates were seen among children in households where the HRP was classified as being in social classes A: 1 in 333 children in England, 1 in 200 in Wales and 1 in 111 in Scotland. The occupational social class of the HRP and the location of kinship households in the poorest areas confirmed that most children in kinship care in 2001 were living in poverty.

Reports published by the Joseph Rowntree Foundation (e.g. Hirsch 2008) have shown how State benefits leave people far short of the minimum income needed to live in the UK, and with most kinship families located in social class E (i.e. on benefits) it is likely most will be in need of support and assistance.

Income poverty is an important risk to a child's development and one that impedes achieving potential. However, it is a uni-dimensional measure and there are other factors that increase the risks of poor outcomes. Although poverty and disadvantage are often used interchangeably, it has been argued that a clear distinction should be made between them (Nolan and Whelan, 1996). Poverty is a lack of money or material possessions while deprivation is when people lack the resources to escape from poverty (Townsend, 1987). Deprivation therefore includes other unmet needs - not just financial.

MULTIPLE DEPRIVATION

The *Families at Risk* review (Social Exclusion Task Force, 2008) estimated that around 140,000 of the 13.8 million families in England experienced at least five of the risk factors that are known to be linked to poor outcomes, and noted that these were often passed from generation to generation. The children of these families are, for example, ten times more likely to be in trouble with the police, and eight times more likely to be excluded from school. The risk factors included in the *Families at Risk* analysis were: no parent in the family in work; family living in poor quality or overcrowded housing; no parent with any qualifications; mother with mental health problems; at least one parent with a long-standing limiting illness, disability or infirmity; family with low income (below 60 per cent of median income); and family cannot afford a number of food and clothing items.

The 2001 Census did not collect information on all of these factors, so instead we followed a method set out by Dorling and colleagues (2007) who had also used the 2001 Census to create a child deprivation index. We selected indicators known to be associated with deprivation, such as households where no-one worked, high overcrowding, children reporting an LLTI, single parent families, and families with no access to a car, etc., to give a more comprehensive picture of multiple deprivation (and social exclusion) faced by children living with relatives. In relation to all children in Great Britain, Dorling and colleagues (2007) found that most children (71%) did not experience any of the risk indicators or, if they did, they experienced only one disadvantage. However, around 29% of children in the general population did experience two or more of the indicators associated with deprivation – i.e. multiple disadvantage. There were, however, significant differences by children's ethnicity. Most striking was the finding that in the general population the majority of Bangladeshi and black African children experienced multiple deprivations.

Turning to children in kinship care we found that the majority (about 71%) of kinship children in the UK experienced two or more forms of deprivation and only 29% had none or only one. A greater proportion of children in Scotland (76%) were living in kinship households with multiple deprivations in comparison with children from the other nations. Rates of multiple deprivation among children in kinship care were consistently much higher than the national average.

DIFFERENCES BETWEEN THE UK COUNTRIES

Generally in the UK: the prevalence of kinship care increased with the age of the child; grandparents were the group providing the majority of care; kinship families were poor; and in every country children from minority ethnic backgrounds were over-represented. Here we comment only on the major differences in patterns of kinship care between the four UK countries.

England

Girls were slightly more likely than boys to be living with relatives, and prevalence rates for children from all groups began to increase from ten years old. The highest prevalence rates of kinship care in England were found in Inner London. England has the most ethnically mixed population of all the UK countries and about a third of kinship children were of minority ethnicity. In relation to children's carers, most of the relatives were white but 15% of grandparents, about a third of sibling carers and nearly a half of all the 'Other relative carers' were from a minority ethnic background. In comparison with the other UK countries there were more large kinship households (i.e. containing

more than 5 people) and this may reflect the greater proportion of minority ethnic kinship families in England.

Scotland

Girls were slightly more likely to be in kinship care, and the prevalence rate for children in kinship care began to increase from age five. In comparison with England and Wales kinship households were headed more often by single women and these households tended to be poorer than kinship carers in the other nations. Nearly half of sisters providing kinship care lived in the poorest 20% of areas.

Wales

Unlike the rest of the UK, girls were less likely to be in kinship care than boys and the difference in prevalence rates by the age of the child were not as pronounced. Children of mixed ethnicity were over-represented in kinship care but those of black and Asian ethnicity were not. In comparison with the other countries, Wales had the largest proportion of grandparent kinship carers and all kinship carers were of white ethnicity. Kinship carers in Wales reported the highest level of LLTIs. There was less uniformity within the 'Other relative carer' group in Wales and they were distributed more evenly across occupational and social classes than in the other countries.

Northern Ireland

Northern Ireland had the lowest rates of kinship care in the UK but the biggest gender differential. Girls accounted for over half (54%) of all the children living in kinship care but boys aged 15-17 years were also significantly over-represented in kinship care. Unlike the rest of the UK, *most children in kinship care in Northern Ireland were living with a sibling* (not a grandparent) and none were living in households where the occupation of the HRP had been classified as professional. However, in comparison with the other UK countries a much smaller proportion of children were living in workless households.

POLICY AND LEGISLATION

In response to the *Families at Risk* review (2008), the last government produced a set of reforms set out in England in *Think Family* (DCSF, 2009). The reforms were intended to secure better outcomes for children by improving the identification of families most in need, delivering better targeted and co-ordinated services and aimed to strengthen the ability of family members to care for each other.

Think Family stressed the importance of identifying the families most at risk and that both the identification and response was a multi-agency responsibility involving GPs, schools, and Children's Centres. Our analyses have shown that in any such strategy, children in kinship care should be considered as a group who are likely to need additional help and services.

The previous government also attempted to reduce the numbers of children in poverty and established through legislation (*Child Poverty Act 2010*), four separate child poverty targets to be met by 2020/21. The Coalition government (2011b, 2011a) announced that it was committed to working towards these targets (Coalition Government, 2011b, Coalition Government, 2011a) but wished to take a broader approach to tackle the underlying causes of poverty and the intergenerational transmission of poverty and disadvantage. The Government stated that a new child poverty strategy will include identifying the children who face the highest risks of socio-economic disadvantage; reforming the benefit system to ensure that works pays; and ensuring that the most vulnerable families receive the support they need and encouraging financial independence.

Part 2 of the Child Poverty Act placed a duty on local authorities and named partner authorities to co-operate with a view to reducing, and mitigating the effects of, child poverty in their local areas. One element of this co-operation involves producing a needs assessment which describes the distribution and characteristics of child poverty across local areas and the extent and nature of the challenge in each authority. It is intended that the needs assessments should inform the child poverty strategies, which each local area are required to produce.

It is therefore essential that local authorities take account of the needs of children in kinship care in their child poverty needs assessments and subsequent strategies. The evidence in this report shows that they are a group who face high risks of socio-economic disadvantage and that they should be recognised as a group with special needs. However, the financial circumstances of these families could worsen. The Kinship Care Alliance (2011) has already drawn attention to the unintentional detrimental effect of the provisions in the Welfare Reform Bill (2011) because the needs of kinship families have gone unrecognised.

The English government (Department for Education, 2011) has also published guidance for local authorities on the provision of support to family and friends carers. For many years there has been concern that kinship carers have received less support than foster carers and that financial and other types of support have varied enormously depending on where carers resided. The guidance

makes it clear that children and young people who are unable to live with their parents should receive the support that they and their carers need to safeguard and promote their welfare, whether or not they are looked after. It requires each local authority with responsibility for Children's Services to: identify a senior manager to hold overall responsibility for the family and friends care policy; and by September 2011 (in collaboration with local partners), to publish an accessible policy setting out the authority's approach towards meeting the needs of children living with family and friends carers. The policy is intended to be informed by evidence.

This study should provide some of the evidence that will enable local authorities to draw up their policies. It has provided the first representative estimates of the numbers of children living with relatives and the characteristics of the children and their carers. We were unable to estimate the number of children cared for by friends. Previous estimates (Richards and Tapsfield 2003) of the UK kinship population (often quoted as between 200,000-300,000) have been rather higher, but their estimate included friends and may have also included children not usually resident with a kinship carer. However, in Scotland existing estimates of the numbers of children in kinship care may have been under-estimated. Using household survey data from 2005/6, the Scottish Government (2009) suggested around 9,000 children were in kinship arrangements. However, this study has shown, that in fact well over 15,000 children were living with relatives in Scotland in 2001. It is extremely unlikely that the number of children in kinship care would have decreased between 2001 and 2005/6. Given the difficulties facing families and the policy interventions designed to increase the use made of kinship care, we would expect the prevalence and extent of kinship care to have increased since 2001, something which can be tested when data from the 2011 Census are made available.

We hope our findings provide a much better basis for the development of national and local policy, and that they will in the future act as a baseline from which to measure changes in the extent and circumstances of children in kinship care. It is clear that some local authorities will face significant challenges to provide for the large numbers of children cared for by relatives in their area. Our analysis of the 2001 Census has highlighted the poor health of some of the carers, the high levels of child poverty particularly in female 'headed' households, and the multiple deprivation that many of these children experience. Given that kinship carers are an example of the 'Big Society' in action, it is of concern that much of their caring occurs against a background of such high levels of need. These are issues which require urgent attention.

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APPENDIX 1: KEY TERMS AND DEFINITIONS

Kinship Care

Kinship care is an arrangement where a child who cannot be cared for by their parents goes to live with a relative or a family friend (Aldgate and McIntosh, 2006)

Head of Household

The head of the household is a standard term in use in censuses and surveys, but not an uncontroversial one (Thomas, 1999). Usually the head of household is the informant for a census, or the first point of contact in a social survey. In the mid-1980s the following advice was given to interviewers. The definition of HoH was as follows. If a household contained only husband, wife and children under 16 (and boarders) the husband is always the HoH. Where a couple is living together/cohabiting the male partner is treated as the HoH. In situations where other relatives are co-resident in the household, or some or all of the household are unrelated, the interviewer should establish in whose name the house/flat/accommodation is owned or rented, and the person named in reply to this question recorded as HoH. Where the accommodation is supplied with the job or provided rent free for some other reason, the person to whom the accommodation is given is the head of household. At that time, two further rules were applied. If there were two persons with an equal claim to be HoH, the older, and the male rather than the female, were to be treated as HoH. The 1984 edition of the OPCS Handbook for Interviewers observed that these rules were necessary because 'the use of joint heads of household is not practical for analysis purposes. Because of this, it is necessary to have consistency in the way in which definitions are made' (p. 63). In the 1991 Census, the H form was addressed 'to the Head or Joint Head or members of the household age 16 or over', thus allowing for households with no head. The question about relationship in household asked for the relationship of the second and subsequent persons in the household to the person in the first column of the form. For statistical purposes, however, in the 100% tables, the HoH is usually taken to be the person entered in the first column of the grid, provided that that person was over 16 years old and usually resident at that address. No head was identified in households consisting entirely of visitors.

Household

A household is defined as:

"a single person or a group of people who have the address as their only or main residence and who either share one meal a day or share the living accommodation" (McCrossan, 1991).

A group of people is not counted as a household solely on the basis of a shared kitchen or bathroom.

A person is in general regarded as living at the address if he or she (or the informant) considers the address to be his or her main residence. There are, however, certain rules which take priority over this criterion.

(a) Children aged 16 or over who live away from home for purposes of either work or study and come home only for holidays are not included at the parental address under any circumstances.

(b) Children of any age away from home in a temporary job and children under 16 at boarding school are always included in the parental household.

(c) Anyone who has been away from the address continuously for six months or longer is excluded.

(d) Anyone who has been living continuously at the address for six months or longer is included even if he or she has his or her main residence elsewhere.

(e) Addresses used only as second homes are never counted as a main residence.

Household Reference Person (HRP)

In 2000, the GHS replaced the Head of Household with the Household Reference Person for this purpose. The household reference person is defined as follows:

- In households with a *sole* householder that person is the household reference person
- In households with *joint* householders the person with the *highest income* is taken as the household reference person.
- If both householders have exactly the same income, the *older* is taken as the household reference person.

Note that this definition does not require a question about people's actual incomes; only a question about who has the highest income.

Relatives in the household

The term 'relative' includes any household member related to the head of household by blood, marriage, or adoption. Foster-children are not regarded as relatives.

APPENDIX 2: CHILDREN IN KINSHIP CARE: NUMBERS AND PREVALENCE DISAGGREGATED BY AGE AND GENDER, ENGLAND, WALES AND SCOTLAND, 1991

			Number of children in kinship care	Prevalence rate of kinship care (%)
England	Male	0-4	5,665	0.4
		5-9	4,944	0.3
		10-14	7,854	0.5
		15-17	10,812	1.2
		Total	29,275	0.5
	Female	0-4	4,738	0.3
		5-9	5,974	0.4
		10-14	6,426	0.5
		15-17	8,874	1.1
		Total	26,012	0.5
Wales	Male	0-4	206	0.2
		5-9	515	0.6
		10-14	714	0.8
		15-17	816	1.4
		Total	2,251	0.7
	Female	0-4	515	0.6
		5-9	103	0.1
		10-14	816	0.9
		15-17	408	0.8
		Total	1,842	0.6
Scotland	Male	0-4	927	0.6
		5-9	824	0.5
		10-14	2,040	1.3
		15-17	1,530	1.5
		Total	5,321	0.9
	Female	0-4	721	0.5
		5-9	721	0.4
		10-14	1,224	0.8
		15-17	1,938	2.2
		Total	4,604	0.8

Source: Calculated from IPUMS data on 1991 UK Census

APPENDIX 3: PREVALENCE RATES OF KINSHIP CARE BY LOCAL AUTHORITY IN 2001

These are the prevalence rates and data used to map kinship care in the UK in 2001. Rates are calculated from the 2001 Individual CAMs.

Inner London	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Newham	4.1%	41
Tower Hamlets	3.6%	36
Lambeth	3.3%	33
Haringey	3.0%	30
Islington	2.9%	29
Westminster	2.8%	28
Hackney	2.6%	26
Hammersmith and Fulham	2.6%	26
Southwark	2.6%	26
Lewisham	2.3%	23
Camden	2.2%	22
Wandsworth	2.0%	20
Kensington and Chelsea	1.8%	18
Outer London	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Brent	2.8%	28
Ealing	2.4%	24
Greenwich	2.4%	24
Redbridge	2.1%	21
Croydon	2.0%	20
Hounslow	2.0%	20
Harrow	1.6%	16
Hillingdon	1.5%	15
Enfield	1.4%	14
Merton	1.4%	14
Waltham Forest	1.3%	13
Kingston upon Thames	1.3%	13
Barking and Dagenham	1.2%	12
Havering	1.1%	11
Bromley	1.0%	10
Barnet	1.0%	10
Sutton	1.0%	10
Bexley	.9%	9
Richmond upon Thames	.5%	5
South West	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Isles of Scilly	1.7%	17
Bristol City of	1.7%	17
West Somerset	1.5%	15

Kerrier	1.5%	15
Gloucester	1.2%	12
Carrick	1.2%	12
North Dorset	1.2%	12
Torbay	1.2%	12
Cheltenham	1.2%	12
Torridge	1.1%	11
Bournemouth	1.0%	10
Taunton Deane	1.0%	10
Plymouth	.9%	9
North Devon	.9%	9
Bath and North East Somerset	.7%	7
Poole	.7%	7
Sedgemoor	.7%	7
Purbeck	.7%	7
Salisbury	.6%	6
West Devon	.6%	6
Caradon	.6%	6
East Devon	.6%	6
Kennet	.5%	5
North Cornwall	.5%	5
South Hams	.5%	5
South Gloucestershire	.5%	5
West Wiltshire	.5%	5
Weymouth and Portland	.5%	5
North Somerset	.5%	5
Restormel	.5%	5
Exeter	.4%	4
Mendip	.4%	4
Christchurch	.4%	4
Mid Devon	.4%	4
East Dorset	.4%	4
Tewkesbury	.4%	4
South Somerset	.4%	4
Stroud	.4%	4
Forest of Dean	.4%	4
Swindon	.4%	4
North Wiltshire	.2%	2
Cotswold	.2%	2
Teignbridge	.1%	1
West Dorset		0
East Midlands	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Nottingham	2.1%	21
Oadby and Wigston	2.1%	21
Bolsover	2.0%	20
Corby	2.0%	20
Leicester	1.6%	16
South Holland	1.5%	15

Chesterfield	1.5%	15
Derby	1.4%	14
Rutland	1.4%	14
East Northamptonshire	1.4%	14
Mansfield	1.4%	14
South Derbyshire	1.3%	13
Ashfield	1.3%	13
Northampton	1.2%	12
Boston	1.2%	12
Newark and Sherwood	1.1%	11
Erewash	1.0%	10
Charnwood	1.0%	10
West Lindsey	.9%	9
East Lindsey	.9%	9
North West Leicestershire	.9%	9
Bassetlaw	.9%	9
Kettering	.8%	8
North Kesteven	.8%	8
South Kesteven	.8%	8
Wellingborough	.8%	8
Rushcliffe	.7%	7
Derbyshire Dales	.7%	7
Broxtowe	.7%	7
Lincoln	.7%	7
South Northamptonshire	.7%	7
Blaby	.6%	6
North East Derbyshire	.6%	6
Melton	.6%	6
Gedling	.5%	5
Harborough	.5%	5
Amber Valley	.5%	5
High Peak	.5%	5
Daventry	.4%	4
Hinckley and Bosworth	.3%	3
North East	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Middlesbrough	2.4%	24
Stockton-on-Tees	1.9%	19
Easington	1.8%	18
Wear Valley	1.7%	17
Hartlepool	1.6%	16
Sunderland	1.5%	15
South Tyneside	1.4%	14
Newcastle upon Tyne	1.4%	14
Berwick-upon-Tweed	1.4%	14
Derwentside	1.3%	13
Sedgefield	1.3%	13
Gateshead	1.3%	13
North Tyneside	1.2%	12

Redcar and Cleveland	1.2%	12
Wansbeck	1.0%	10
Blyth Valley	1.0%	10
Teesdale	.6%	6
Darlington	.6%	6
Durham	.4%	4
Castle Morpeth	.3%	3
Tynedale	.3%	3
Chester-le-Street		0
Alnwick		0
North West	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Manchester	3.1%	31
Copeland	2.7%	27
Blackburn with Darwen	2.4%	24
Salford	2.2%	22
Liverpool	2.2%	22
Halton	2.1%	21
Knowsley	1.9%	19
Oldham	1.9%	19
Wigan	1.8%	18
St. Helens	1.8%	18
Lancaster	1.6%	16
Carlisle	1.6%	16
Barrow-in-Furness	1.6%	16
West Lancashire	1.5%	15
Bury	1.5%	15
Burnley	1.5%	15
Wirral	1.5%	15
Sefton	1.5%	15
Tameside	1.4%	14
Trafford	1.3%	13
Rochdale	1.3%	13
Allerdale	1.3%	13
Bolton	1.3%	13
Preston	1.3%	13
Pendle	1.2%	12
Wyre	1.2%	12
Ellesmere Port & Neston	1.2%	12
Blackpool	1.1%	11
Stockport	1.0%	10
Chorley	.9%	9
Fylde	.9%	9
Congleton	.8%	8
Hyndburn	.8%	8
Rosendale	.8%	8
Crewe and Nantwich	.7%	7
Vale Royal	.7%	7
South Lakeland	.7%	7

Eden	.7%	7
Chester	.6%	6
South Ribble	.6%	6
Macclesfield	.5%	5
Warrington	.4%	4
Ribble Valley	.3%	3
Yorkshire and the Humber	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Bradford	2.1%	21
Kingston upon Hull City of	1.6%	16
Leeds	1.6%	16
Doncaster	1.4%	14
Rotherham	1.4%	14
North East Lincolnshire	1.4%	14
Sheffield	1.4%	14
Scarborough	1.3%	13
Kirklees	1.3%	13
Barnsley	1.2%	12
York	1.2%	12
Calderdale	1.2%	12
Hambleton	1.1%	11
North Lincolnshire	1.0%	10
Harrogate	.9%	9
Ryedale	.9%	9
Wakefield	.7%	7
East Riding of Yorkshire	.7%	7
Selby	.6%	6
Craven		0
Richmondshire		0
South East	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Thanet	2.1%	21
Gravesham	2.0%	20
Gosport	1.9%	19
Southampton	1.7%	17
Reading	1.6%	16
Slough	1.5%	15
Rushmoor	1.4%	14
Canterbury	1.3%	13
Surrey Heath	1.3%	13
Cherwell	1.2%	12
Crawley	1.1%	11
Swale	1.1%	11
Eastbourne	1.1%	11
Test Valley	1.1%	11
Shepway	1.0%	10
Runnymede	1.0%	10
Medway	1.0%	10

Oxford	1.0%	10
Milton Keynes	.9%	9
Woking	.9%	9
Wokingham	.9%	9
South Oxfordshire	.9%	9
Arun	.9%	9
Fareham	.9%	9
Spelthorne	.9%	9
Brighton and Hove	.8%	8
Dover	.8%	8
New Forest	.8%	8
Basingstoke and Deane	.8%	8
Dartford	.8%	8
Rother	.8%	8
Adur	.8%	8
Wycombe	.8%	8
Mole Valley	.8%	8
Tandridge	.7%	7
Aylesbury Vale	.7%	7
Chichester	.7%	7
Maidstone	.7%	7
South Bucks	.7%	7
Portsmouth	.7%	7
Isle of Wight	.7%	7
Reigate and Banstead	.7%	7
Worthing	.6%	6
Hastings	.6%	6
Eastleigh	.6%	6
Windsor and Maidenhead	.6%	6
Horsham	.6%	6
Tonbridge and Malling	.5%	5
Sevenoaks	.5%	5
Hart	.5%	5
Bracknell Forest	.5%	5
Elmbridge	.5%	5
Mid Sussex	.5%	5
Chiltern	.5%	5
West Oxfordshire	.4%	4
Epsom and Ewell	.4%	4
Havant	.4%	4
East Hampshire	.4%	4
Vale of White Horse	.4%	4
Lewes	.3%	3
Winchester	.3%	3
Ashford	.3%	3
Guildford	.2%	2
West Berkshire	.2%	2
Tunbridge Wells	.1%	1
Waverley	.1%	1

Wealden	.1%	1
West Midlands	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Birmingham	2.5%	25
Oswestry	2.0%	20
Wolverhampton	2.0%	20
Walsall	1.7%	17
Stoke-on-Trent	1.7%	17
Tamworth	1.6%	16
Sandwell	1.5%	15
Bromsgrove	1.5%	15
Coventry	1.5%	15
North Shropshire	1.3%	13
Dudley	1.2%	12
Redditch	1.1%	11
Newcastle-under-Lyme	1.1%	11
East Staffordshire	1.1%	11
Telford and Wrekin	1.0%	10
Herefordshire County of	1.0%	10
Stratford-on-Avon	.9%	9
Malvern Hills	.9%	9
North Warwickshire	.9%	9
Wychavon	.8%	8
Wyre Forest	.8%	8
Stafford	.8%	8
Warwick	.8%	8
Solihull	.7%	7
Nuneaton and Bedworth	.7%	7
Staffordshire Moorlands	.7%	7
South Staffordshire	.6%	6
Rugby	.5%	5
Worcester	.5%	5
Shrewsbury and Atcham	.5%	5
Cannock Chase	.4%	4
Lichfield	.3%	3
Bridgnorth		0
South Shropshire		0
East of England	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Luton	1.9%	19
Breckland	1.7%	17
Fenland	1.6%	16
Peterborough	1.4%	14
Bedford	1.4%	14
Southend-on-Sea	1.3%	13
Colchester	1.2%	12
Harlow	1.1%	11
Stevenage	1.1%	11

Broxbourne	1.1%	11
Waveney	1.0%	10
Watford	1.0%	10
Great Yarmouth	1.0%	10
Tendring	1.0%	10
St Edmundsbury	1.0%	10
Ipswich	.9%	9
Dacorum	.9%	9
Babergh	.9%	9
Maldon	.9%	9
Cambridge	.9%	9
Thurrock	.8%	8
East Cambridgeshire	.8%	8
Rochford	.7%	7
North Norfolk	.7%	7
Norwich	.7%	7
Brentwood	.7%	7
Broadland	.7%	7
Basildon	.6%	6
Epping Forest	.6%	6
St Albans	.6%	6
South Norfolk	.6%	6
Mid Bedfordshire	.5%	5
Forest Heath	.5%	5
Suffolk Coastal	.5%	5
Three Rivers	.5%	5
Welwyn Hatfield	.5%	5
Chelmsford	.5%	5
South Bedfordshire	.5%	5
Hertsmere	.4%	4
Huntingdonshire	.4%	4
South Cambridgeshire	.4%	4
North Hertfordshire	.4%	4
East Hertfordshire	.3%	3
King's Lynn and West Norfolk	.2%	2
Braintree	.2%	2
Mid Suffolk	.2%	2
Castle Point	.2%	2
Uttlesford		0
ENGLAND AVERAGE	1.3%	13
Scotland	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Inverclyde	2.7%	27
Glasgow City	2.4%	24
North Ayrshire	2.1%	21
Dundee City	1.7%	17
Aberdeen City	1.7%	17
Falkirk	1.5%	15
South Lanarkshire	1.4%	14

West Lothian	1.4%	14
North Lanarkshire	1.4%	14
East Ayrshire	1.3%	13
Clackmannanshire	1.3%	13
Eilean Siar	1.3%	13
Stirling	1.2%	12
Renfrewshire	1.2%	12
Argyll and Bute	1.2%	12
Edinburgh, City of	1.1%	11
Fife	1.0%	10
Scottish Borders	1.0%	10
Dumfries & Galloway	1.0%	10
Orkney/Shetland	1.0%	10
East Renfrewshire	.9%	9
Highland	.9%	9
West Dumbartonshire	.9%	9
East Lothian	.9%	9
Perth & Kinross	.9%	9
Moray	.8%	8
Aberdeenshire	.8%	8
Angus	.7%	7
East Dumbartonshire	.7%	7
South Ayrshire	.6%	6
Midlothian	.5%	5
SCOTLAND AVERAGE	1.3%	13
Wales	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Merthyr Tydfil	3.3%	33
Blaenau Gwent	2.6%	26
Isle of Anglesey	1.9%	19
Caerphilly	1.7%	17
Rhondda Cynon Taff	1.7%	17
Ceredigion	1.7%	17
Newport	1.6%	16
The Vale of Glamorgan	1.6%	16
Torfaen	1.5%	15
Denbighshire	1.4%	14
Bridgend	1.4%	14
Cardiff	1.3%	13
Gwynedd	1.2%	12
Swansea	1.2%	12
Conwy	1.1%	11
Flintshire	1.1%	11
Carmarthenshire	1.1%	11
Wrexham	1.1%	11
Pembrokeshire	1.1%	11
Neath Port Talbot	1.0%	10
Powys	.4%	4

Monmouthshire	.3%	3
WALES AVERAGE	1.4%	14
Northern Ireland	Prevalence of kinship care (%)	Number of children in kinship care per 1000 children
Belfast West	2.3%	23
Belfast North	1.8%	18
Belfast South	1.7%	17
Foyle	1.6%	16
East Londonderry	1.4%	14
Mid Ulster	1.3%	13
North Antrim	1.3%	13
West Tyrone	1.2%	12
Fermanagh and South Tyrone	1.1%	11
Belfast East	.9%	9
East Antrim	.9%	9
Upper Bann	.8%	8
South Antrim	.7%	7
North Down	.7%	7
Newry and Armagh	.7%	7
Lagan Valley	.6%	6
Strangford	.6%	6
South Down	.5%	5
NORTHERN IRELAND AVERAGE	1.1%	11

APPENDIX 4: NUMBER AND DISTRIBUTION OF ALL CHILDREN IN ENGLAND BY ETHNIC GROUP AND REGION, 2001

Number	North East	North West	Yorkshire & The Humber	East Midlands	West Midlands	East	London	South East	South West	England
White - British	538,062	1,414,303	1,008,139	838,841	1,004,321	1,096,080	851,617	1,623,473	1,004,760	9,379,596
White - Irish	579	4,342	2,060	2,177	4,535	4,257	17,365	5,452	1,778	42,545
White - Other	3,489	11,418	8,609	8,544	9,361	23,482	89,915	35,163	11,777	201,758
Mixed - White and Black Caribbean	1,353	13,080	11,684	13,666	26,593	13,050	43,007	14,562	8,261	145,256
Mixed - White and Black African	832	4,724	2,017	1,744	1,825	3,402	16,152	4,857	2,137	37,690
Mixed - White and Asian	2,456	9,522	7,952	6,610	10,951	9,542	26,796	15,909	5,666	95,404
Mixed - Other	1,316	6,813	4,199	4,108	6,376	7,556	27,621	10,876	4,291	73,156
Asian or Asian British - Indian	2,501	22,059	14,794	35,120	50,570	12,374	107,421	22,346	3,935	271,120
Asian or Asian British - Pakistani	5,432	48,263	61,484	10,576	64,352	15,390	48,147	22,138	2,153	277,935
Asian or Asian British - Bangladeshi	2,833	11,830	5,551	2,904	14,112	7,638	65,704	6,223	1,791	118,586
Asian or Asian British - Other	796	4,559	3,761	3,329	6,400	3,174	34,707	5,226	1,022	62,974
Black or Black British - Black Caribbean	115	3,749	3,974	5,286	19,369	4,873	85,967	4,555	2,160	130,046
Black or Black British - Black African	568	4,480	2,640	2,147	3,235	4,526	134,581	6,133	1,605	159,915
Black or Black British - Other	95	1,948	1,152	1,232	3,844	1,715	28,009	1,555	700	40,251
Chinese	1,374	6,611	2,776	3,074	3,696	4,840	15,620	7,682	3,579	49,252
Other ethnic group	902	3,202	2,037	1,490	3,577	2,587	25,953	5,795	1,820	47,363
TOTAL	562,703	1,570,903	1,142,829	940,848	1,233,117	1,214,486	1,618,582	,791,945	1,057,435	11,132,847
Distribution	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East	London	South East	South West	England
White - British	95.6	90.0	88.2	89.2	81.4	90.3	52.6	90.6	95.0	84.3
White - Irish	0.1	0.3	0.2	0.2	0.4	0.4	1.1	0.3	0.2	0.4
White - Other	0.6	0.7	0.8	0.9	0.8	1.9	5.6	2.0	1.1	1.8
Mixed - White and Black Caribbean	0.2	0.8	1.0	1.5	2.2	1.1	2.7	0.8	0.8	1.3
Mixed - White and Black African	0.1	0.3	0.2	0.2	0.1	0.3	1.0	0.3	0.2	0.3
Mixed - White and Asian	0.4	0.6	0.7	0.7	0.9	0.8	1.7	0.9	0.5	0.9
Mixed - Other	0.2	0.4	0.4	0.4	0.5	0.6	1.7	0.6	0.4	0.7
Asian or Asian British - Indian	0.4	1.4	1.3	3.7	4.1	1.0	6.6	1.2	0.4	2.4
Asian or Asian British - Pakistani	1.0	3.1	5.4	1.1	5.2	1.3	3.0	1.2	0.2	2.5
Asian or Asian British - Bangladeshi	0.5	0.8	0.5	0.3	1.1	0.6	4.1	0.3	0.2	1.1
Asian or Asian British - Other	0.1	0.3	0.3	0.4	0.5	0.3	2.1	0.3	0.1	0.6
Black or Black British - Black Caribbean	0.0	0.2	0.3	0.6	1.6	0.4	5.3	0.3	0.2	1.2
Black or Black British - Black African	0.1	0.3	0.2	0.2	0.3	0.4	8.3	0.3	0.2	1.4
Black or Black British - Other	0.0	0.1	0.1	0.1	0.3	0.1	1.7	0.1	0.1	0.4
Chinese	0.2	0.4	0.2	0.3	0.3	0.4	1.0	0.4	0.3	0.4
Other ethnic group	0.2	0.2	0.2	0.2	0.3	0.2	1.6	0.3	0.2	0.4

Source: NOMIS www.nomisweb.co.uk/Default.asp

Number and distribution of children in Northern Ireland and Wales by ethnic group, 2001

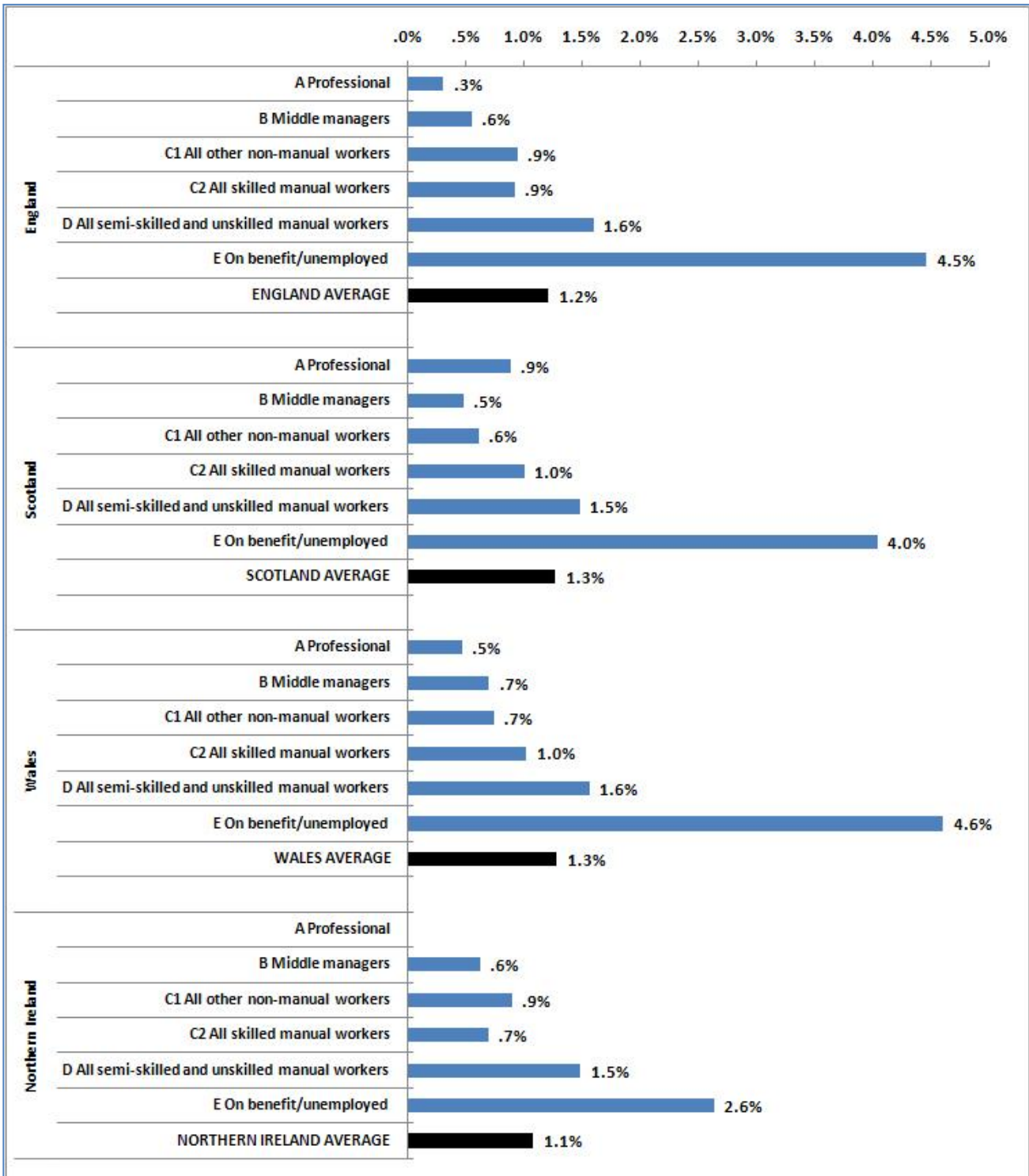
Northern Ireland	Number	Distribution (%)
White	494,696	98.9
Irish Traveller	670	0.1
Mixed	2,020	0.4
Indian	386	0.1
Pakistani	258	0.1
Bangladeshi	103	0.0
Other Asian	44	0.0
Black Caribbean	58	0.0
Black African	164	0.0
Other Black	96	0.0
Chinese	1,357	0.3
Other ethnic group	301	0.1
Total	500,153	100.0

Wales	Number	Distribution (%)
White - British	633,266	95.6
White - Irish	1,213	0.2
White - Other	6,002	0.9
Mixed - White and Black Caribbean	3,249	0.5
Mixed - White and Black African	1,124	0.2
Mixed - White and Asian	2,684	0.4
Mixed - Other	1,970	0.3
Asian or Asian British - Indian	1,970	0.3
Asian or Asian British - Pakistani	3,058	0.5
Asian or Asian British - Bangladeshi	2,361	0.4
Asian or Asian British - Other	939	0.1
Black or Black British - Black Caribbean	364	0.1
Black or Black British - Black African	1,123	0.2
Black or Black British - Other	229	0.0
Chinese	1,601	0.2
Other ethnic group	1,235	0.2
Total	662,388	100.0

Source: NOMIS www.nomisweb.co.uk/Default.asp

Source: www.nisranew.nisra.gov.uk/census/Census2001Output/commissioned_output.htm

APPENDIX 5: PREVALENCE RATES (%) OF KINSHIP CARE AMONG CHILDREN IN ENGLAND, SCOTLAND, WALES AND NORTHERN IRELAND BY OCCUPATIONAL SOCIAL CLASS OF HRP, 2001



APPENDIX 6: REGRESSION RESULTS

Binary logistic regression (Enter method) for odds of a child living in kinship care, England, 2001

	B	S.E.	Sig.	Exp(B)	95% Confidence intervals for EXP(B)	
					Lower	Upper
Age						
0 to 4 (Referent)			.000	1.00		
5 to 9	.015	.044	.731	1.02	.93	1.11
10 to 14	.138	.043	.001	1.15	1.05	1.25
15 to 17	.455	.046	.000	1.58	1.44	1.72
Gender						
Female	.035	.031	.254	1.04	.97	1.10
Household income quintile						
Richest 20%			.000	1.00		
4	.325	.074	.000	1.38	1.20	1.60
3	.473	.070	.000	1.60	1.40	1.84
2	.687	.067	.000	1.99	1.74	2.27
Poorest 20%	.813	.066	.000	2.25	1.98	2.57
Deprivation						
Multiple deprivations	1.090	.037	.000	2.97	2.77	3.19
Ethnic group						
White (Referent)			.000	1.00		
Other	-.023	.234	.922	0.98	.62	1.55
Other White	.218	.106	.040	1.24	1.01	1.53
Mixed	.497	.071	.000	1.64	1.43	1.89
Asian	.621	.048	.000	1.86	1.69	2.04
Black	.843	.064	.000	2.32	2.05	2.63
Chinese	1.021	.160	.000	2.78	2.03	3.80
Region of residence						
South West (Referent)			.000	1.00		
East of England	.133	.088	.129	1.14	.96	1.36
South East	.145	.082	.075	1.16	.99	1.36
Outer London	.251	.083	.002	1.28	1.09	1.51
East Midlands	.272	.087	.002	1.31	1.11	1.56
Yorkshire and the Humber	.294	.082	.000	1.34	1.14	1.57
North East	.301	.094	.001	1.35	1.12	1.63
West Midlands	.303	.080	.000	1.35	1.16	1.58
Inner London	.334	.086	.000	1.40	1.18	1.65
North West	.422	.077	.000	1.53	1.31	1.77
Constant	-6.053	.092	.000	0.00		

Binary logistic regression (Enter method) for odds of a child living in kinship care, Scotland, 2001

	B	S.E.	Sig.	Exp(B)	95% Confidence intervals for Exp(B)	
					Lower	Upper
Age						
0 to 4 (Referent)			0	1		
5 to 9	0.395	0.025	0	1.48	1.41	1.56
10 to 14	0.458	0.024	0	1.58	1.51	1.66
15 to 17	0.66	0.026	0	1.94	1.84	2.04
Gender						
Female	-0.018	0.016	0.274	0.98	0.95	1.01
Household income						
Richest 20% (Referent)			0	1		
Quintile 4	0.223	0.039	0	1.25	1.16	1.35
Quintile 3	0.346	0.037	0	1.41	1.31	1.52
Quintile 2	0.567	0.035	0	1.76	1.65	1.89
Poorest 20%	0.919	0.034	0	2.51	2.35	2.68
Deprivation						
Multiple deprivations	1.403	0.021	0	4.07	3.91	4.24
Ethnic group						
Other ethnic group (non-white)	0.372	0.038	0	1.45	1.35	1.56
Constant	-6.049	0.036	0	0		

Binary logistic regression (Enter method) showing odds of a child living in kinship care, Wales, 2001

	B	S.E.	Sig.	Exp(B)	95% Confidence intervals for Exp(B)	
					Lower	Upper
Age						
0 to 4 (Referent)			0	1		
<i>5 to 9</i>	<i>-0.025</i>	<i>0.03</i>	<i>0.408</i>	<i>0.98</i>	<i>0.92</i>	<i>1.03</i>
10 to 14	0.062	0.029	0.031	1.06	1.01	1.13
15 to 17	0.216	0.033	0	1.24	1.16	1.32
Sex						
Female	-0.134	0.021	0	0.87	0.84	0.91
Household Income						
Richest 20% (Referent)			0	1		
<i>Quintile 4</i>	<i>0.033</i>	<i>0.052</i>	<i>0.531</i>	<i>1.03</i>	<i>0.93</i>	<i>1.14</i>
Quintile 3	0.607	0.047	0	1.84	1.67	2.01
Quintile 2	0.752	0.044	0	2.12	1.94	2.31
Poorest 20%	0.68	0.043	0	1.97	1.81	2.15
Deprivation						
Multiple deprivations	1.041	0.023	0	2.83	2.71	2.96
Ethnic group						
White (Referent)			0	1		
Other White	0.967	0.064	0	2.63	2.32	2.98
Mixed	1.043	0.053	0	2.84	2.56	3.15
Asian	0.51	0.08	0	1.66	1.42	1.95
<i>Black</i>	<i>0.171</i>	<i>0.176</i>	<i>0.33</i>	<i>1.19</i>	<i>0.84</i>	<i>1.68</i>
<i>Chinese</i>	<i>-16.925</i>	<i>1039.25</i>	<i>0.987</i>	<i>0</i>	<i>0</i>	<i>0</i>
Other	0.83	0.177	0	2.29	1.62	3.24
Constant	-5.405	0.046	0	0		

Binary logistic regression (Enter method) showing odds of a child living in kinship care, Northern Ireland, 2001

	B	S.E.	Sig.	Exp(B)	95% Confidence intervals for Exp(B)	
					Lower	Upper
Age						
0 to 4 (Referent)			0.000	1.00		
5 to 9	.190	.044	0.000	1.21	1.11	1.32
10 to 14	.228	.042	0.000	1.26	1.16	1.36
15 to 17	.795	.042	0.000	2.21	2.04	2.41
Sex						
Female	.191	.028	0.000	1.21	1.15	1.28
Deprivation						
Multiple deprivations	1.108	.030	0.000	3.03	2.86	3.21
Ethnic group						
Other ethnic group	1.596	.065	0.000	4.93	4.34	5.61
Constant	-5.531	.041	0.000	0.00		

APPENDIX 7: NUMBERS OF HOUSEHOLD REFERENCE PERSONS BY GENDER, 2001

Numbers of HRPs in England by Gender, 2001 (Number)

	Male	Female	Total
Parents/Other unrelated carers	12,301,200	8,035,700	20,336,900
Grandparent carers	24,800	29,600	54,400
Sibling carers	14,000	25,700	39,700
Other relative carers	13,300	9,700	23,000
Total	12,353,300	8,100,700	20,454,000

Source: Calculated from 2001 Household CAMS

Numbers of HRPs in Scotland by Gender, 2001 (Number)

	Male	Female	Total
Parents/Other unrelated carers	1,274,000	904,200	2,178,200
Grandparent carers	1,800	2,500	4,300
Sibling carers	1,000	2,800	3,800
Other relative carers	800	900	1,700
Total	1,277,600	910,400	2,188,000

Source: Calculated from 2001 Household CAMS

Numbers of HRPs in Wales by Gender, 2001 (Number)

	Male	Female	Total
Parents/Other unrelated carers	707,700	491,700	1,199,400
Grandparent carers	2,800	2,100	4,900
Sibling carers	600	1,000	1,600
Other relative carers	200	700	900
Total	711,300	495,500	1,206,800

Source: Calculated from 2001 Household CAMS

APPENDIX 8: COUNTRY OF BIRTH OF KINSHIP CARERS IN ENGLAND, 2001

Sibling carers			Grandparent carers			Other relative carers		
Rank	Country of Birth	Distribution	Rank	Country of Birth	Distribution	Rank	Country of Birth	Distribution
1	England	68.0%	1	England	77.9%	1	England	52.2%
2	Pakistan	6.3%	2	Scotland	3.1%	2	Pakistan	9.6%
3	Bangladesh	3.3%	3	Pakistan	2.4%	3	Other South and Eastern Africa	7.0%
4	Other South & Eastern Africa	2.8%	4	Jamaica	2.2%	4	India	5.7%
5	Other Middle East	2.5%	5	India	1.8%	5	Bangladesh	3.9%
6	Scotland	1.8%	5	Other Caribbean and West Indies	1.8%	6	Scotland	3.0%
7	Wales	1.5%	7	Republic of Ireland	1.5%	7	Jamaica	2.2%
7	India	1.5%	8	Bangladesh	1.1%	8	Nigeria	1.7%
9	Other central & Western Africa	1.3%	9	Northern Ireland	.92%	8	Other central and Western Africa	1.7%
9	Jamaica	1.3%	9	Other central and Western Africa	.92%	8	Other Caribbean and West Indies	1.7%
11	Non-EU countries in Eastern Europe	1.0%	9	Other South and Eastern Africa	.92%	11	Non-EU countries in Eastern Europe	1.3%
11	North Africa	1.0%	12	Kenya	.74%	11	Zimbabwe	1.3%
13	Republic of Ireland	.76%	13	Wales	.55%	11	Other Middle East	1.3%
13	Other South Asia	.76%	13	Other EU	.55%	11	Other South Asia	1.3%
15	Nigeria	.50%	15	Nigeria	.37%	15	Kenya	.87%
15	South Africa	.50%	15	South Africa	.37%	15	South Africa	.87%
15	Zimbabwe	.50%	15	Zimbabwe	.37%	15	Other Far East	.87%
15	Japan	.50%	15	Cyprus	.37%	18	not known/not applicable	.43%
15	USA	.50%	15	Other Far East	.37%	18	Wales	.43%
15	Australia	.50%	20	Poland	.18%	18	Republic of Ireland	.43%
21	not known/not applicable	.25%	20	Non-EU countries in Eastern Europe	.18%	18	Spain	.43%
21	Northern Ireland	.25%	20	North Africa	.18%	18	Non-EU countries in Western Europe	.43%
21	France	.25%	20	China	.18%	18	Hong Kong	.43%
21	Germany	.25%	20	Hong Kong	.18%	18	Malaysia	.43%
21	Italy	.25%	20	Malaysia	.18%	18	South America	.43%
21	Other EU	.25%	20	Other South Asia	.18%			
21	Hong Kong	.25%	20	South America	.18%			
21	Other Far East	.25%	20	New Zealand	.18%			
21	Other Caribbean and West Indies	.25%						
21	Other North America	.25%						
21	New Zealand	.25%						
21	Other Africa	.25%						
21	Elsewhere no stated	.25%						
	Total	100.0%		Total	100.0%		Total	100.0%

Source: Calculated from 2001 Household CAMS

APPENDIX 9: FURTHER INFORMATION ON CHILDREN LIVING WITH CARERS

This appendix presents data on the number of children living in households, the number of children in kinship care by type of carer, the number of children under 5 in household by type of carer, and summary information regarding the ages of children and children in kinship care by type of carer. The tables use data from the 2001 Household CAMS.

ENGLAND

NUMBER OF CHILDREN IN HOUSEHOLD BY TYPE OF CARER, ENGLAND, 2001									
HRP classification	Sex of HRP	Mean	Median	Number of HRPs	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	1.9	2	3,856,700	.000	.888	1	10	9
	Female	1.7	2	1,840,400	.001	.903	1	9	8
	Total	1.8	2	5,697,100	.000	.896	1	10	9
Sibling carers	Male	2.6	2	14,000	.014	1.605	1	8	7
	Female	2.5	2	25,700	.008	1.275	1	9	8
	Total	2.5	2	39,700	.007	1.400	1	9	8
Grandparent carers	Male	1.8	1	24,800	.007	1.167	1	9	8
	Female	1.5	1	29,600	.006	.986	1	7	6
	Total	1.6	1	54,400	.005	1.079	1	9	8
Other relative carers	Male	2.3	2	13,300	.012	1.353	1	7	6
	Female	2.5	2	9,700	.015	1.444	1	6	5
	Total	2.4	2	23,000	.009	1.396	1	7	6
NUMBER OF CHILDREN IN KINSHIP CARE IN HOUSEHOLD BY TYPE OF CARER, ENGLAND, 2001									
HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Sibling carers	Male	1.2	1	14,000	.00	.50	1	4	3
	Female	1.3	1	25,700	.00	.66	1	5	4
	Total	1.2	1	39,700	.00	.61	1	5	4
Grandparent carers	Male	1.2	1	24,800	.00	.60	1	6	5
	Female	1.1	1	29,600	.00	.37	1	4	3
	Total	1.2	1	54,400	.00	.49	1	6	5
Other relative carers	Male	1.2	1	13,300	.01	.64	1	5	4
	Female	1.4	1	9,700	.01	.75	1	4	3
	Total	1.3	1	23,000	.00	.69	1	5	4

NUMBER OF CHILDREN UNDER 5 IN HOUSEHOLD BY TYPE OF CARER, ENGLAND, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	.5	.0	3,856,700	.00	.71		6	6
	Female	.4	.0	1,840,400	.00	.62		6	6
	Total	.5	.0	5,697,100	.00	.68		6	6
Sibling carers	Male	.6	.0	14,000	.01	.95		5	5
	Female	.6	.0	25,700	.00	.79		3	3
	Total	.6	.0	39,700	.00	.85		5	5
Grandparent carers	Male	.4	.0	24,800	.00	.61		3	3
	Female	.3	.0	29,600	.00	.51		3	3
	Total	.3	.0	54,400	.00	.57		3	3
Other relative carers	Male	.5	.0	13,300	.01	.79		4	4
	Female	.5	.0	9,700	.01	.92		5	5
	Total	.5	.0	23,000	.01	.85		5	5

MEAN AGE OF CHILDREN IN HOUSEHOLD BY TYPE OF CARER, ENGLAND, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	8.3	8.0	3,856,700	.00	5.06		17	17
	Female	8.9	9.0	1,840,400	.00	4.85		17	17
	Total	8.5	8.5	5,697,100	.00	5.00		17	17
Sibling carers	Male	9.7	10.0	14,000	.04	5.02		17	17
	Female	9.2	9.3	25,700	.03	4.23		17	17
	Total	9.4	9.7	39,700	.02	4.53		17	17
Grandparent carers	Male	9.5	10.0	24,800	.03	4.53		17	17
	Female	10.7	10.5	29,600	.03	4.39		17	17
	Total	10.1	10.1	54,400	.02	4.49		17	17
Other relative carers	Male	10.4	11.0	13,300	.04	4.81		17	17
	Female	10.2	10.7	9,700	.04	4.00		17	17
	Total	10.3	10.9	23,000	.03	4.49		17	17

MEAN AGE OF CHILDREN IN KINSHIP CARE IN HOUSEHOLD BY TYPE OF CARER, ENGLAND, 2001									
HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Sibling carers	Male	9.6	10.0	14,000	.05	5.63		17	17
	Female	9.0	9.0	25,700	.03	5.05		17	17
	Total	9.2	9.0	39,700	.03	5.27		17	17
Grandparent carers	Male	8.2	8.0	24,800	.03	5.41		17	17
	Female	10.0	10.5	29,600	.03	5.17		17	17
	Total	9.2	10.0	54,400	.02	5.36		17	17
Other relative carers	Male	10.5	12.0	13,300	.05	5.60		17	17
	Female	10.4	12.0	9,700	.05	5.04		17	17
	Total	10.4	12.0	23,000	.04	5.37		17	17

SCOTLAND

NUMBER OF CHILDREN IN HOUSEHOLD BY TYPE OF CARER, SCOTLAND, 2001									
HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	1.8	2.0	383,500	.00	.83	1	8	7
	Female	1.6	1.0	203,600	.00	.85	1	9	8
	Total	1.8	2.0	587,100	.00	.84	1	9	8
Sibling carers	Male	2.3	2.0	1,000	.04	1.42	1	6	5
	Female	2.1	2.0	2,800	.02	.87	1	4	3
	Total	2.2	2.0	3,800	.02	1.05	1	6	5
Grandparent carers	Male	1.4	1.0	1,800	.02	.68	1	3	2
	Female	1.5	1.0	2,500	.02	.90	1	5	4
	Total	1.4	1.0	4,300	.01	.82	1	5	4
Other relative carers	Male	1.4	1.0	800	.02	.70	1	3	2
	Female	2.4	2.0	900	.05	1.42	1	5	4
	Total	1.9	2.0	1,700	.03	1.26	1	5	4

NUMBER OF CHILDREN IN KINSHIP CARE IN HOUSEHOLD BY TYPE OF CARER, SCOTLAND, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	.0	.0	383,500	.00	.00			
	Female	.0	.0	203,600	.00	.00			
	Total	.0	.0	587,100	.00	.00			
Sibling carers	Male	1.3	1.0	1,000	.02	.64	1	3	2
	Female	1.2	1.0	2,800	.01	.56	1	3	2
	Total	1.2	1.0	3,800	.01	.58	1	3	2
Grandparent carers	Male	1.2	1.0	1,800	.01	.37	1	2	1
	Female	1.3	1.0	2,500	.01	.53	1	3	2
	Total	1.2	1.0	4,300	.01	.47	1	3	2
Other relative carers	Male	1.0	1.0	800	.00	.00	1	1	
	Female	1.2	1.0	900	.01	.42	1	2	1
	Total	1.1	1.0	1,700	.01	.32	1	2	1

NUMBER OF CHILDREN UNDER 5 IN HOUSEHOLD BY TYPE OF CARER, SCOTLAND, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	.5	.0	383,500	.00	.67		3	3
	Female	.4	.0	203,600	.00	.61		4	4
	Total	.4	.0	587,100	.00	.65		4	4
Sibling carers	Male	.5	.0	1,000	.03	.92		3	3
	Female	.7	1.0	2,800	.01	.75		2	2
	Total	.7	.0	3,800	.01	.80		3	3
Grandparent carers	Male	.4	.0	1,800	.02	.69		2	2
	Female	.3	.0	2,500	.01	.60		2	2
	Total	.3	.0	4,300	.01	.64		2	2
Other relative carers	Male	.1	.0	800	.01	.33		1	1
	Female	.6	.0	900	.02	.69		2	2
	Total	.4	.0	1,700	.01	.59		2	2

MEAN AGE OF CHILDREN IN HOUSEHOLD BY TYPE OF CARER, SCOTLAND, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	8.6	8.8	383,500	.01	5.01		17	17
	Female	9.0	9.0	203,600	.01	4.83		17	17
	Total	8.8	9.0	587,100	.01	4.95		17	17
Sibling carers	Male	9.3	8.8	1,000	.13	3.96	4	16	12
	Female	8.2	9.0	2,800	.09	4.70	1	17	16
	Total	8.5	9.0	3,800	.07	4.54	1	17	16
Grandparent carers	Male	8.7	7.5	1,800	.11	4.59	2	17	15
	Female	10.3	11.0	2,500	.07	3.32	3	16	13
	Total	9.6	9.0	4,300	.06	3.99	2	17	15
Other relative carers	Male	10.3	10.0	800	.15	4.21	4	17	13
	Female	10.1	8.5	900	.17	4.98	1	17	16
	Total	10.2	9.0	1,700	.11	4.63	1	17	16

MEAN AGE OF CHILDREN IN KINSHIP CARE IN HOUSEHOLD BY TYPE OF CARER, SCOTLAND, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Sibling carers	Male	9.9	8.8	1,000	.14	4.47	2	16	14
	Female	8.7	8.5	2,800	.11	6.07		17	17
	Total	9.0	8.8	3,800	.09	5.71		17	17
Grandparent carers	Male	8.2	7.5	1,800	.12	5.02	1	17	16
	Female	10.8	11.0	2,500	.07	3.31	3	17	14
	Total	9.7	9.0	4,300	.07	4.30	1	17	16
Other relative carers	Male	10.0	9.5	800	.15	4.25	4	17	13
	Female	11.9	14.0	900	.17	5.07	1	17	16
	Total	11.0	12.0	1,700	.12	4.80	1	17	16

WALES

NUMBER OF CHILDREN IN HOUSEHOLDS BY TYPE OF CARER, WALES, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	1.8	2.0	225,200	.00	.83	1	6	5
	Female	1.7	1.0	122,400	.00	.90	1	10	9
	Total	1.8	2.0	347,600	.00	.86	1	10	9
Sibling carers	Male	1.8	1.5	600	.04	.90	1	3	2
	Female	2.6	2.0	1,000	.05	1.63	1	7	6
	Total	2.3	2.0	1,600	.04	1.45	1	7	6
Grandparent carers	Male	1.4	1.0	2,800	.01	.78	1	4	3
	Female	1.2	1.0	2,100	.01	.39	1	2	1
	Total	1.3	1.0	4,900	.01	.65	1	4	3
Other relative carers	Male	4.0	4.0	200	.07	1.00	3	5	2
	Female	2.7	3.0	700	.05	1.28	1	4	3
	Total	3.0	3.0	900	.04	1.33	1	5	4

NUMBER OF CHILDREN IN KINSHIP CARE IN HOUSEHOLDS BY TYPE OF CARER, WALES, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	.0	.0	225,200	.00	.00			
	Female	.0	.0	122,400	.00	.00			
	Total	.0	.0	347,600	.00	.00			
Sibling carers	Male	1.0	1.0	600	.00	.00	1	1	
	Female	1.1	1.0	1,000	.01	.30	1	2	1
	Total	1.1	1.0	1,600	.01	.24	1	2	1
Grandparent carers	Male	1.1	1.0	2,800	.01	.31	1	2	1
	Female	1.1	1.0	2,100	.01	.29	1	2	1
	Total	1.1	1.0	4,900	.00	.30	1	2	1
Other relative carers	Male	1.0	1.0	200	.00	.00	1	1	
	Female	1.4	1.0	700	.02	.50	1	2	1
	Total	1.3	1.0	900	.02	.47	1	2	1

NUMBER OF CHILDREN UNDER 5 IN HOUSEHOLDS BY TYPE OF CARER, WALES, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	.5	.0	225,200	.00	.67		4	4
	Female	.4	.0	122,400	.00	.62		3	3
	Total	.5	.0	347,600	.00	.66		4	4
Sibling carers	Male	.2	.0	600	.02	.37		1	1
	Female	.7	.5	1,000	.02	.78		2	2
	Total	.5	.0	1,600	.02	.71		2	2
Grandparent carers	Male	.4	.0	2,800	.01	.56		2	2
	Female	.1	.0	2,100	.01	.29		1	1
	Total	.3	.0	4,900	.01	.49		2	2
Other relative carers	Male	1.0	1.0	200	.07	1.00		2	2
	Female	.4	.0	700	.03	.73		2	2
	Total	.6	.0	900	.03	.83		2	2

MEAN AGE OF CHILDREN IN HOUSEHOLDS BY TYPE OF CARER, WALES, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Birth parents	Male	8.7	9.0	225,200	.01	5.02		17	17
	Female	8.8	9.0	122,400	.01	4.81		17	17
	Total	8.7	9.0	347,600	.01	4.95		17	17
Sibling carers	Male	10.3	10.9	600	.20	4.86	1	17	16
	Female	8.5	8.9	1,000	.13	4.08	1	15	15
	Total	9.1	9.9	1,600	.11	4.48	1	17	17
Grandparent carers	Male	9.2	9.3	2,800	.10	5.20		17	17
	Female	12.5	13.0	2,100	.07	3.40	4	17	13
	Total	10.6	11.0	4,900	.07	4.81		17	17
Other relative carers	Male	9.5	9.5	200	.18	2.51	7	12	5
	Female	10.1	9.0	700	.20	5.18	1	16	16
	Total	10.0	9.0	900	.16	4.73	1	16	16

MEAN AGE OF CHILDREN IN KINSHIP CARE IN HOUSEHOLDS BY TYPE OF CARER, WALES, 2001

HRP classification	Sex of parent/carer	Mean	Median	Number of carers	Std. Error of Mean	Std. Deviation	Minimum	Maximum	Range
Sibling carers	Male	10.5	12.0	600	.20	5.00	1	17	16
	Female	7.3	6.8	1,000	.14	4.43		15	15
	Total	8.5	8.0	1,600	.12	4.91		17	17
Grandparent carers	Male	8.1	7.5	2,800	.11	5.82		17	17
	Female	12.2	13.0	2,100	.09	3.90	3	17	14
	Total	9.9	11.0	4,900	.08	5.48		17	17
Other relative carers	Male	5.5	5.5	200	.25	3.51	2	9	7
	Female	11.1	14.0	700	.20	5.42	1	16	16
	Total	9.8	9.0	900	.19	5.56	1	16	16

APPENDIX 10: KINSHIP CARE BY ETHNICITY IN ENGLAND IN 2001, DISAGGREGATED ETHNIC GROUPINGS.

Disaggregated ethnic categories	Kinship care population	Child population for England	Distribution among kinship care population (%)	Distribution among ALL children (%)	Ratio of "Over" or "under"-representation
Not applicable	1,333	66,033	0.9	0.6	1.6
White British	94,800	9,631,832	66.1	84.0	0.8
Irish (White)	533	44,867	0.4	0.4	1.0
Other white	2,733	195,733	1.9	1.7	1.1
White and Black Caribbean (Mixed)	3,833	147,100	2.7	1.3	2.1
White and Black African (Mixed)	867	38,267	0.6	0.3	1.8
White and Asian (Mixed)	1,567	94,300	1.1	0.8	1.3
Other Mixed	1,367	73,700	1.0	0.6	1.5
Indian	5,833	278,467	4.1	2.4	1.7
Pakistani (Asian/Asian British)	9,333	285,433	6.5	2.5	2.6
Bangladeshi (Asian/Asian British)	4,600	120,967	3.2	1.1	3.0
Other Asian (Asian /Asian British)	1,200	62,000	0.8	0.5	1.5
Caribbean (Black /Black British)	4,400	131,733	3.1	1.1	2.7
African (Black / Black British)	7,600	162,367	5.3	1.4	3.7
Other Black	1,333	40,800	0.9	0.4	2.6
Chinese	1,400	44,000	1.0	0.4	2.5
Other ethnic group	633	46,933	0.4	0.4	1.1
England	143,367	11,464,532	100.0	100.0	1.0

Source: Calculated from 2001 I-CAMS data