Care Alliance Ireland

'Guiding support for family carers'

Care Alliance Ireland submission to the Central Statistics Office

Census 2027 Outputs

Submitted: September 2026

Introduction:

Care Alliance Ireland is pleased to have the opportunity to make this submission on the upcoming Census 2027 outputs. We are a national charity working to improve the recognition and support of family carers in Ireland, with a network of over 100 member organisations working directly with family carers across a wide range of care situations. Family carers provide the majority of long-term care in Ireland, supporting people of all ages with disabilities, chronic illness and additional needs. Our vision is an Ireland in which the role of family carers is fully recognised and where family carers are adequately supported.

Some of our member organisations may have already made their own submissions reflecting their specific areas of expertise. This submission offers a complementary, sector-wide perspective focused on the experience of family carers, and should not be taken as the collective opinion of our membership, nor as representative of all family carers across the country.

Background and Scope of this Submission:

We previously made a submission in January 2023 to the consultation on the Census 2027[1], focused primarily on Q.23, and the enumeration of the quantum of family care across Ireland. At the time, we noted our concern at being asked to comment before detailed Census 2022 results were available, which limited our ability to assess how the changes made to the 2022 form had affected the data.

We can now see that Census 2022 captured a significant increase in unpaid carers: a 53% rise, from 195,263 in 2016 to 299,128 in 2022, representing an increase from 4% to 6% of the population[2]. Young carer numbers also rose slightly, from 3,800 to 4,759, though this

[1] https://www.carealliance.ie/userfiles/files/CAI_Census_2027_consultation.pdf
[2] https://www.cso.ie/en/releasesandpublications/ep/p-cpp4/censusofpopulation2022profile4-disabilityhealthandcarers/carers/

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remains a significant undercount compared against independent estimates such as the HBSC 2018 study, which found that ~13% of 10–17-year-olds reported providing care[3].

We welcome CSO's ongoing openness to public consultation and commitment to modernising the delivery of census data – including the planned electronic completion option for Census 2027 and continued development of interactive tools such as the census mapping platform. The 2022 output also shows several notable improvements, including the introduction of small-area mapping via CSO's interactive visualisation tool, and new employment cross-tabulations showing carer employment (aged 15 and over) rising from 51% in 2016 to 57% in 2022. We also welcome CSO's transparency in flagging the non-comparability of the disability question (Q.15/Q.16) between census years due to substantive changes in their design[4]. This is a standard of clear, proactive disclosure about data limitations that we would like to see extended to other areas of known measurement uncertainty, including those set out below.

We set out our asks for Census 2027 data outputs below, and revisit three recommendations from our January 2023 submission relating to question content. As the approved Census 2027 form itself has not yet been published, we are not in a position to know whether these recommendations were incorporated, and we raise them again here to keep them on record, and to the extent they were not addressed, as priorities for direct consideration ahead of the next content-review cycle. These are set out in full at the end of this submission, under '*Recommendations for next content-review cycle*'.

Core asks for Census 2027 data outputs:

1) Cross-tabulation with other census variables:

CSO's published Census 2022 carer data currently comprises ~20 tables. All share a common base of *sex*, *regular unpaid help (hours)*, and *census year*, combined with one additional substantive variable (occasionally two, where age band is included), for example, area, education, or economic status. No published table currently combines two or more substantive variables together: there is no output combining hours of unpaid care with both education level and employment status, nor any crossing carer status with disability status or general health[5]**.**

[3] https://www.universityofgalway.ie/media/healthpromotionresearchcentre/hbscdocs/shortreports/2020_Gavin_Short-Report_Young-Carers.pdf

[4] https://www.cso.ie/en/releasesandpublications/ep/p-cpp4/censusofpopulation2022profile4-disabilityhealthandcarers/backgroundnotes/

[5] CSO 'Disability' and 'General Health' tables: ***F4055****: Persons with a Disability* (sex, extent of difficulty or condition, level of education, type of difficulty or condition, census year), ***F4061****: Population (general*

We ask that the CSO consider introducing a flexible table-builder for census outputs, at minimum for the disability, health, and carers theme, allowing users to combine variables to generate their own tables rather than relying on a fixed set. We recognise that there is a limit to how much data can practically be presented in any one table, but a wide range of relevant variables could be made available for users to choose from and combine as needed. Relevant variables for carers include, but are not limited to: *age, sex, hours of unpaid help, principal or present economic status, highest education level, age at which full-time education ceased, occupation, industry, social class, marital status, citizenship, disability status, geography, household composition, position in family nucleus, general health*, and, where available, *area-level deprivation index* and *ethnic/Traveller community background*.

Comparable tools already exist internationally: the Northern Ireland Statistics and Research Agency's (NISRA) Flexible Table Builder allows users to select geography and variables to build custom tables for Census 2021[6], and the UK Office for National Statistics' (ONS) equivalent tool allows users to define custom population groups and filter by variable to generate downloadable datasets[7]. Both are more flexible than CSO's current fixed-table format, and would let carer data be analysed against variables such as employment, education, and general health without CSO needing to pre-build every combination in advance. We recognise and appreciate that CSO already responds to specific cross-tabulation requests on a case-by-case basis; a table-builder would simply make this kind of analysis directly accessible on an ongoing basis, rather than dependent on ad hoc requests as needs arise.

If a full flexible table-builder is not feasible for Census 2027, we would ask CSO to consider, as a fallback, expanding access to an anonymised microdata sample – along the lines of the existing Place of Work, School, College or Childcare Census of Anonymised Records (POWSCCAR)[8] covering the unpaid care, disability, health, education, and labour-force variables. This would let researchers construct their own cross-tabulations directly, within CSO's disclosure-control parameters.

Failing either of the above, we would ask that the CSO consider, at minimum, publishing additional fixed multivariate tables addressing the specific gaps identified above, including but not limited to:

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health, sex, county and city, age group, census year) and ***F4024****: Population Aged 15+ (Principal economic status, age, general health)*

[6] https://www.nisra.gov.uk/statistics/census-2021-results/flexible-table-builder

[7] https://www.ons.gov.uk/datasets/create

[8] https://www.cso.ie/en/census/census2022/powscar/

- *Regular unpaid help hours* x *general health* x *sex* x *age band*
- *Regular unpaid help hours x disability status x sex x age band*
- A combined socio-economic table for carers: *economic status x occupation/industry x education level* (with unpaid help hours)
- *Regular unpaid help hours x status in family nucleus x type of household x age band*, building on the existing single-variable table (Carers by Status in Family Nucleus and Age[9]), to enable analysis of multi-generational caring arrangements, for example, so-called "sandwich" carers supporting both an older relative and a child within the same household. This combination (*Carer status* × *household composition*) is also relevant to reveal single-person households providing care, or carers living alone with the person they care for — both relevant to isolation and respite policy.

2) Young carer-specific data outputs:

The current Young Carers output (F4062)[10] includes *regular unpaid help hours* and *sex* but no age breakdown at all, making it impossible to distinguish, for instance, an 8-year-old from a 14-year-old within the under-15 category. We would ask CSO to consider whether the disclosure-control rationale for this omission is still warranted. CSO's own *Educational Attendance and Attainment of Children in Care* (EAACC) series[11] – a Frontier Series output linking Tusla and Department of Education records via Protected Identifier Keys (PIKs) – already publishes single-year-of-age breakdowns for a linked cohort of 5,257 children in care[12]. This is a comparable population scale to the entire census-recorded young carer cohort (4,759). If this granularity is achievable and already published for a comparably sized cohort, an equivalent age-band breakdown should be achievable for census-recorded young carers.

More substantively, we would ask CSO to consider linking census-derived young carer status to Department of Education school attendance data, using the same PIK-based methodology as EAACC, to produce a comparable output — measuring absence of 20

[9] CSO data: multivariate table *F4018: Carers (Status in Family Nucleus, age)*
[10] CSO data: multivariate table *F4062: Young Carers (regular unpaid help, sex, census year)*
[11] https://www.cso.ie/en/releasesandpublications/fp/fp-eaacc/educationalattendanceattainmentandotheroutcomesofchildrenincare2018-2025/supplementarystatistics/
[12] https://www.cso.ie/en/releasesandpublications/fp/fp-eaacc/educationalattendanceandattainmentofchildrenincare2018-2024/supplementarystatistics/

or more days, reasons for absence, and school changes against "all children," as EAACC already does for children in care. Young carers are known internationally to experience elevated rates of school absence and disruption[13] [14], and this is currently invisible in Irish administrative or census data. As CSO has already built this linkage infrastructure for a comparable population, we would ask that an equivalent Frontier Series output be scoped for future release, even if not deliverable within the Census 2027 timeline.

We would also draw attention to a related concern raised in Family Carers Ireland's own submission to this consultation[15], which notes that current young carer outputs are presented using a cutoff of "aged 15 years and under," which differs from the widely recognised definition of a young carer as someone under-18 whose life is affected by providing care to a family or household member. Family Carers Ireland further recommends that CSO separately present data for "young adult carers" aged 18-24, a distinct cohort facing particular challenges around the transition to higher education and the labour market. We support this recommendation. Under the CSO's current published age bands, carers aged 15–17 are not separately identified from those aged 18–19, while the 18–24 transition-age cohort is not presented as a distinct young-adult-carer category. We would therefore ask the CSO to revise its age-band boundaries for young and young adult carer outputs accordingly. Young carers should be defined as under 18, with data presented in meaningful age bands such as 0–9, 10–14 and 15–17, while young adult carers should be defined as aged 18–24. This would represent a significant improvement on the current under-15 threshold and would provide a clearer picture of the caring experiences of children, adolescents and young adults at important stages of education and entry into the labour market.

3) Small area and localised geography outputs:

We ask that CSO's small-area mapping, introduced in Census 2022, be retained and strengthened for 2027, specifically:

- That small area/Electoral Division carer counts (number and % of unpaid carers) continue to be published via the interactive map and SAPS outputs.

[13] Reupert et al. Young carers' school engagement and academic attainment: A systematic review. (2026) https://doi.org/10.1016/j.ijer.2026.103001.
[14] Carers Trust, UK, Caring and classes: the education gap for young carers (2024) https://carers.org/downloads/young-carers-in-education-reportfinal.pdf
[15] Family Carers Ireland, *Submission To The CSO - Census 2027 Public Consultation On Dissemination Outputs* (August 2026) https://familycarers.ie/media/mc2kicc3/submission-to-the-cso-census-2027-public-consultation-on-dissemination-outputs-august-2026.pdf

- That the hours-of-care intensity breakdown (in particular the highest-intensity band) continue to be available at small area level, not only national/county level, since it is the intensity of care, not only carer status, that helps determine service need at a local level.
- That a **middle geography** tier be introduced for at least the core carer variables (*sex*, *regular unpaid help*, *age band*): Local Electoral Area or Community Healthcare Organisation (CHO) area. These are the units the HSE, and local authorities actually plan services around, and currently sit in a gap between small-area counts (with limited cross-tabulation) and county-level cross-tabs (too coarse for local planning).
- That, where age cannot be published at small area level for disclosure-control reasons, CSO consider broad age bands (for example under-18, 18-24, 25-64, 65+) rather than omitting age entirely. We recognise the disclosure-control constraints CSO must operate within, but note that some age signal at a coarser level is considerably more useful for local service planning than none. (See also our young carer-specific ask above, which raises a comparable disclosure-control argument in relation to F4062[16].)

4) Timeliness of release of the carer-specific data profile:

We appreciate the time and resources that goes into generating detailed analysis of such broad population data, and with respect to that, we also ask that the release of carer-specific data take account of the annual budget submission cycles, since delayed data limits its usefulness for budget submissions and policy advocacy that run on annual cycles. Previously, the 2022 cross tabs seem to have been published 28 September 2023 (approx. 18 months after Census night). For the 2027 outputs, we propose that 1 June 2028 would be a good time for this, ahead of pre-budget submissions and related policy planning cycles.

5) Awareness for the carer question:

We request that CSO continue to promote awareness of the carer question itself as self-identification among unpaid carers is a known issue (many people who provide care do not select "yes"). Additionally, we ask CSO to maintain and promote awareness of the under representative data on young carers as a result of both a self-identification issue and recognition issue by their family members as they may not be

[16] CSO data: multivariate table *F4062: Young Carers (regular unpaid help, sex, census year)*

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the sole provider of care, or their care recipients may be reluctant to recognise or disclose that a young person is providing care. With that being said, we recognise that this is more of a content/promotion issue rather than output.

Recommendations for next content-review cycle:

While the following relate to question content rather than data outputs, we raise them here so they remain on record and so the CSO is continually aware of how the Census can best enumerate family carers and enable organisations like ours to advocate for their rights. These recommendations are following on from our previous January 2023 submission to the CSO[17], as set out below:

1) **Wording of the family care question**.

In our 2023 submission we noted a longstanding disparity between carer prevalence as measured by the Census and by other surveys, both domestically and internationally. This gap remains substantial: Census 2022 recorded 6% of the population as carers, compared with 14% in the 2025 Healthy Ireland Survey[18] – itself using the same core question as the census. The Healthy Ireland Survey's own technical notes attribute part of this gap to interviewer-provided context not present on the census form, and to differing population bases (Healthy Ireland surveys those aged 15 and over; the census reports as a share of the entire population)[19]. However, even accounting for these methodological differences, a substantial residual gap remains, consistent with the pattern noted internationally, where comparable countries report carer prevalence in the range of 10-27%. We believe several factors likely contribute to this gap. Small changes to the wording of Q.23 between 2016 and 2022 —such as the addition of "support" alongside "help", and the inclusion of "neighbour" as well as "family" or "friend"— coincided with a marked increase in recorded carers. This suggests that question wording and framing has a real effect on data completeness. Increased public awareness

[17] https://www.carealliance.ie/userfiles/files/CAI_Census_2027_consultation.pdf

[18] https://assets.gov.ie/static/documents/2b9f909b/Healthy_Ireland_Summary_Report_2025_Web_07.11.2025.pdf

[19] Healthy Ireland Survey (2025, p. 58), Technical note: "*The 2022 Census found that 6% of the population provided unpaid personal help. The Healthy Ireland Survey used the same question as the Census but was administered by a telephone interviewer who provided additional context to respondents, instructing them to "Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing." This additional context may have caused an increase in the number of respondents saying they provided personal help at this question. Additionally, the Healthy Ireland Survey figure only includes people aged 15 or older, whereas the census figure relates to the entire population, contributing to the gap between the 2022 Census and Healthy Ireland Survey figures.*"

surrounding the carer question itself likely also contributed[20]. For future refinement, terms like "unpaid" may still cause some confusion for respondents in receipt of Carer's Allowance or Carer's Benefit. Given that Irish carer prevalence remains below both comparable domestic surveys and international estimates, we recommend further participatory research directly with family carers to test whether additional refinement of the question could close more of this gap ahead of the next census.

2) Identification of young carers.

Census 2022 recorded 4,759 carers under the age of 15 (2% of all carers), a modest increase on 2016 but still significantly below independent self-report estimates, such as the HBSC 2018 study, in which 13.3% of 10-17 year olds reported providing care to a family member[21]. This gap is consistent with our 2023 concern that census forms, typically completed by a parent or householder, are structurally unlikely to capture caring undertaken by children within their own household. This is compounded by the stigma attached to both needing and providing care, which we have written on at length in the past[22]. Given this, we recommend that CSO apply a standard of proactive transparency to young carer figures specifically. CSO has already established this standard elsewhere in its Census 2022 outputs, explicitly flagging the non-comparability of the disability questions (Q.15/Q.16) between 2016 and 2022 due to substantive changes in question design. We would ask that, wherever young carer statistics are published, CSO include a clear methodological note stating that, due to reliance on householder or parental proxy reporting and documented stigma effects, recorded young carer numbers are likely to understate true prevalence, with reference to the scale of this gap evidenced by the HBSC study. This would ensure data users and policymakers do not treat published young carer figures as a comprehensive count.

3) **Context on the person(s) being cared for.**

Our 2023 submission recommended an addendum to the caring question capturing who the respondent cares for and why that person requires support, on the basis that carer data without this context is of limited use for service planning - for example, in

[20] https://familycarers.ie/news-and-campaigns/news-press-releases/family-carers-urged-to-make-carers-count-by-answering-yes-to-question-23/

[21] https://www.universityofgalway.ie/media/healthpromotionresearchcentre/hbscdocs/shortreports/2020_Gavin_Short-Report_Young-Carers.pdf

[22] Care Alliance Ireland, '"We Need to Talk About It" – Stigma and Family Care', (2016). https://www.carealliance.ie/userfiles/file/Discussion%20Paper%205%20(Stigma)%20FA%20Web.pdf

distinguishing parents of children with complex medical needs from those caring for an older relative. We proposed at the time a specific addendum asking respondents to whom they provide support (e.g. child, parent, spouse/partner, other relative) and why that person requires support (e.g. physical disability, intellectual disability, neurodivergence, cognitive impairment, mental ill health, long-term illness, or age-related needs)[23]. We are not in a position to confirm whether this was incorporated into the approved Census 2027 form, and reiterate the recommendation for consideration at the next review. The value and feasibility of collecting this information is now further evidenced by the Department of Health's Healthy Ireland Survey 2025, which for the first time asked carers directly about their relationship to the person(s) they care for and the nature of that person's condition – finding, for example, that 49% of carers support a parent or parent-in-law, 16% a child, and 11% a spouse or partner, and that the most commonly cited care need relates to difficulties associated with age (41%), followed by difficulty with basic physical activities (31%)[24]. A comparable census-based question would considerably strengthen the value of carer data for service planning, since only the census – unlike a national survey with a sample of ~7,500 – can support this level of context at a small-area geography (refer to our Core Ask 3 above).

Conclusion:

Care Alliance Ireland welcomes the opportunity to contribute to this consultation on Census 2027 outputs. In particularly, we would ask CSO to prioritise richer cross-tabulation of carer data, revised age-band boundaries for young and young adult carer outputs; and a clear methodological note on the likely undercount of young carers. We hope these asks can be acted on where feasible, and our other recommendations will be kept on record as priorities for the next content-review cycle.

Family care is inherently multifaceted and interdisciplinary; it does not take place in isolation from the rest of a person's circumstances. A carer may also be disabled or managing their own health difficulties; an older person may be caring for a disabled adult child rather than being cared for themselves; a working-age adult may be caring for both a parent and a child at once. Data that cannot capture these overlapping realities risks flattening who carers are, limiting its usefulness for the planning and targeting supports. Publishing this

[23] See our January 2023 submission, addendum to Q.23, for full proposed response categories. https://www.carealliance.ie/userfiles/files/CAI_Census_2027_consultation.pdf

[24] https://assets.gov.ie/static/documents/2b9f909b/Healthy_Ireland_Summary_Report_2025_Web_07.11.2025.pdf

data as a standard would also be more efficient for both CSO and data users than relying on ad hoc requests as particular needs arise.

We thank the CSO for the opportunity to contribute and would welcome further engagement on any of the points raised in this submission.

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