Programs and interventions for young carers; a narrative review and synthesis

Review title
Programs and interventions for young carers; a narrative review and synthesis

Original language title
Not applicable

Anticipated or actual start date
14/10/2021

Anticipated completion date
01/05/2022

Review question
What programs and interventions are available to support young carers and optimize their future outcomes

Searches
Literature searches will be conducted on five databases; Medline (OVID), CINAHL, Scopus, Web of Science, and EMBASE (OVID) to identify relevant publications. References of included studies will be vetted to identify additional relevant publications.

Search strategy
See appendix for detailed search strategy.

Condition or domain being studied.
Young carers are defined as individuals up to the age of 25 years’ old who are providing unpaid care and/or support to family members (including parents, siblings, grandparents, or extended family) who live with disability, mental illness, chronic illness, are aged, or who have alcohol or other drug misuse. Due to limited worldwide awareness and visibility estimations of young carer populations may vary widely, however research suggests that between 2-8% of young people are assuming caregiving roles.

Young carers are often unidentified within society, often due to a lack identification with the term ‘carer’ or those within their lives being unaware of signs a young person is taking on a caring role. Young carers taken on several responsibilities, typically outside of what may be defined normal adolescent responsibilities, including; household chores (shopping, cooking, washing), personal care tasks (bathing, grooming, toileting), managing family finances, assisting with access to healthcare, and caring for other siblings due to lack of parental absenteeism.
Young carers report many positive outcomes of their roles, including skill advancements and abilities to build and maintain meaningful relationships. Caring responsibilities for young people may also lead to both short and long term negative impacts including poor health and mental wellbeing, reduced relationships with peers, inability to obtain formal education, and difficulties with transitioning to adulthood. Therefore, the provision of youth specific programs and interventions for young carers is crucial in supporting positive future health and wellbeing outcomes.

It is important to understand interventions provided for young carers in order to recognise the impact interventions may have on health and wellbeing outcomes. This review will aim to synthesise past and existing programs and interventions designed and provided for young carers in an effort to establish their effect, and determine gaps within the service system provision.

**Participants (Population)**

Young carers under 25 years of age (children, adolescents, and young adults).

**Intervention(s), exposure(s)**

Interventions/programmes/supports for young carers, as defined as the involvement of a young carer (who is informally delivering unpaid care for a person living with a disability, chronic health condition, mental disorder, alcohol or substance abuse related issue) in an intervention aimed at supporting them with health and wellbeing needs.

**Comparison**

Not applicable

**Outcomes**

Social, health and wellbeing, education, employment, and financial outcomes

**Types of studies to be included.**

No restrictions to be placed on the types of studies to be included

**Context.**

No restrictions based on countries level of socioeconomic development.

**Study selection.**

The search result citations will be exported to Covidence to complete screening for inclusion. Two reviewers screen articles (title/abstract and full text) for inclusion and reviewers will be blinded decisions. Disagreements will be solved by discussion.
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Risk of Bias

Risk of bias (RoB) will be assessed using critical appraisal tools from the Johanna Briggs Institute, with the tool selected based on the studies methodological design (cohort study, quasi-experimental, randomized control trial etc).

Data extraction.

Data extraction will be conducted by one reviewer and cross-checked by a second reviewer. Conflicts will be solved by discussion or by consulting a third reviewer. Titles and abstracts will be screened for relevant keywords to ascertain relevant papers identified, with duplicates removed. A data extraction form will be constructed to summarise the characteristics of included studies. 10% check by additional reviewer.

Strategy for data synthesis.

A narrative summary of evidence will be presented in text form using logical headings. The characteristics of the programs will be summarised and it will be determined which studies are able to be categorized into pre-defined groups dependent on findings and themes. The similarities and differences between the studies will be reported.
Appendix 1: Search Strategy

The search strategy will be a two tiered strategy, searching titles and abstracts. The first stage will include terms relating to young carers. The second will include terms relevant to interventions, programs, and supports.

Table 1: Search strategy and terminology for broad area of employment

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search terms related to young carers</td>
<td>Search terms related to interventions/programs/supports</td>
</tr>
<tr>
<td>Young care* or young adult care* or caregiving youth* or sibling care* or adolescent caregiver* or child caregiver*</td>
<td>Program* or intervention* or support* or project* or services* or strategies* or guidance*</td>
</tr>
</tbody>
</table>

The searches will then be combined to produce a distinct search.