Article

Voices from Service Providers Who Supported Young Caregivers throughout the COVID-19 Pandemic in the Canadian Context

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Abstract: This empirical research is part of a larger project beginning in 2020 and ongoing until 2023 exploring the impact of the COVID-19 pandemic on young caregivers aged 5-25 years and their families in Canada. Utilizing the social determinants of health as a conceptual framework, this case study emphasizes the voices of professionals offering services to young caregiver clients during the pandemic, and explores their perspectives on the impact of the pandemic on young caregivers and their families. Across three (3) different organizations offering programs and services to young caregiver clients in Ontario, six (6) individual interviews were conducted with directors/program managers and four (4) group interviews were conducted with thirteen (13) staff members who worked directly with young caregivers and their families. Nineteen (19) service providers participated in total. The results of this study highlight five (5) primary themes that emerged through data analysis: i) the role of service providers, ii) the impact of the COVID-19 pandemic on organizations and service providers supporting young caregivers and their families, iii) barriers for service users, iv) helpful resources for service providers and organizations, and v) resources needed/preferred by service providers and organization. The pandemic significantly impacted young caregivers and their families, as reported by professionals, and organizations working with young caregivers and their families were tasked with addressing increased service demands and adapting service delivery to follow public health guidelines.

Keywords: young caregivers; pandemic; service providers; qualitative; social determinants of health

1. Introduction

A young caregiver is a person, under the age of 25 years, who provides care to another individual (often family members or friends) who lives with an illness, disability, injury, and/or challenge to activities of daily living. Young caregivers represent a marginalized and under-served group in Canada; there are few resources and services available nationally to support young caregivers and their families, and the majority of Canadians remain uninformed of the challenges faced by this population. Research on the lived-experiences of young caregivers and their families in the Canadian context is growing (Lakman, Chalmers, & Sexton, 2017; Newman, Bookey-Basset, & Wang, 2021; Newman et al., 2022; Nichols, et al., 2013; Stamatopoulos, 2015, 2016, 2018), however available research does not account for the impact of COVID-19 pandemic on young caregivers and their families in Canada. Emergent in 2019, COVID-19 became a globally significant public health threat officially in the spring of 2020 (Nicola et al., 2020). Although young people (without underlying health conditions) were at low risk of the serious and adverse health outcomes from the disease in 2020 (Ludvigsson, 2020; Molloy & Bearer, 2020), research has highlighted how pandemic restrictions (in the form of lockdowns and social distancing) led to adverse psychological and mental health effects for young people (Brooks et al., 2020; de Figueiredo et al., 2021; Guessoum et al., 2020; Lee, 2020; Lindsay & Ahmed, 2021; Magson et al., 2021). For instance, internationally, schools were forced to close (Janousch et al., 2022) which led to increased social isolation (Marziali et al., 2020) for children, adolescents and emerging adults. A study by Schoon and Henseke (2022) suggests that young people aged 16-25 experienced adverse mental health effects from the pandemic at a disproportionate rate based on the pre-pandemic conditions in which they were living. Thus, as young caregivers already experience significant adversity, it can be argued that the pandemic would draw further attention to the pre-existing inequities experienced by this population.

This empirical research is part of a larger project beginning in 2020 and ongoing until 2023 exploring the impact of the COVID-19 pandemic on young caregivers aged 5-25 years and their families in Canada. Building upon available international literature focused on organizations working with young caregiver clients and their families (Moore & McArthur, 2007; Smyth, Blaxland, & Cass, 2011; Sprung & Laing, 2017; Stamatopoulos, 2016), this study utilizes the social determinants of health as a conceptual framework, to explore the experiences of service providers working with young caregivers and their families in Canada during the pandemic. Organizations and service providers working with young caregivers and their families provide an important entry point into formal systems for young caregiver clients. These professionals and organizations play an important role in offering support and resources with the goal of increasing public awareness, and funding for young caregivers and their families while offering direct service and support. The aim of this study is to develop a deeper understanding of the impact of the pandemic on young caregivers in Canada, from the perspectives of service providers. This research offers additional context into the experiences of young caregivers and their families and offers a relevant point of comparison with research with young caregiver clients themselves. Further, this research contributes additional information which can inform social policy in this area. Across three (3) different organizations offering programs and services to young caregiver clients in Ontario, six (6) individual interviews were conducted with directors/program managers and four (4) group interviews were conducted with thirteen (13) staff members who worked directly with young caregivers and their families. Nineteen (19) service providers participated in total.

A comprehensive review of literature focused on service providers for young caregiver clients during the pandemic yielded limited results. For example, a search on Pubmed with the criteria: "(young AND (caregiver OR carer)) AND (COVID OR pandemic OR 202* OR lockdown OR restrictions OR corona) AND (organizations OR service OR healthcare OR work* OR staff OR volunteer)" identified fifty-four (54) papers that potentially included service providers' perspectives, none of which offered insight from service providers that supported young caregivers in the context of the pandemic. Literature located in the Canadian context is more limited with only one article ever published that looked at service providers who support young caregivers in Canada (Stamatopoulus, 2016). This is likely due to the limited availability of young caregiver organizations across the country. To the authors' knowledge, at present in Canada, there are only three (3) programs that specifically serve young caregiver populations and they are all located in Ontario.

2. Materials and Methods

Case study methodology (Alpi & Evans, 2019; Creswell & Poth, 2018; Denscombe, 2010; Denzin & Lincoln, 2018) informed the materials and methods used in this study to analyze the impacts of the COVID-19 pandemic on young caregiver organizations, and professionals working with young caregivers including their assessments of the impact of the pandemic on young caregivers themselves. Well-established in small-scale social studies (Denscombe, 2010), case study allows for in-depth analysis of complex phenomena within a natural setting (Denzin & Lincoln, 2018). The methods for data collection involve multiple sources including interviews, observation, and document analysis (Alpi & Evans, 2019; Creswell & Poth, 2018).

This case study research involves data collected from individual interviews and group interviews with service providers. Participants engaged in semi-structured interviews with questions focused on the impact of the pandemic on their organizations, their work and their clients (young caregivers).

Participants were recruited with the help of our community partners who provide services/supports/resources to young caregivers and their families: Young Caregivers Association (served all of Ontario during the pandemic), Ontario Caregiver Organization (served all of Ontario during the pandemic), and Young Carer Program (mainly served Toronto during the pandemic).

Participants were required to be a service provider that worked directly with young caregivers on a regular basis as part of their roles and responsibilities during COVID-19 and/or through recovery/reopening/lifting of restrictions. The following was used as inclusion criteria for service providers: 1) Must be older than 18 years of age; 2) provided support, resources, and/or services to a young caregiver as part of one's responsibilities in a formal role during/after 2020; 3) live in Ontario, Canada; 4) can speak English.

To analyze the interviews, reflexive thematic analysis (Braun & Clarke, 2019) was used by the investigators (Dr. Kristine Newman and Dr. Heather Chalmers) and a team of three research assistants that includes one young caregiver who is 23 years old (has been a young caregiver since the age of 12), a doctoral candidate of child and youth studies who has had experience working with children and youth, and a Masters student in public health.

3. Results

The results of this empirical research point to five (5) primary themes with associated sub-themes that emerged through data analysis: i) the role of service providers, ii) the impact of the COVID-19 pandemic on organizations and service providers supporting young caregivers and their families, iii) barriers for service users, iv) helpful resources for service providers and organizations, and v) resources needed/preferred by service providers and organization. A secondary theme: positive outcomes from COVID was also identified.

3.1. Role of Service Providers

Service providers identified three (3) main roles: clinical support, service delivery and facilitation and advocacy.

3.1.1. Clinical Support

Services providers described providing respite and support services to young caregivers including offering safe space, reducing social isolation, normalizing caregiver's feelings and celebrating their successes. Additionally, service providers described teaching life skills and offering practical knowledge and guidance to young caregivers including cooking, sewing, stress management, and financial literacy. Finally, service providers made referrals to clinical therapy programs and services for young caregiver clients.

3.1.2. Service Delivery & Facilitation

In the area of service delivery, service providers described their roles socializing and connecting with young people, running programs (i.e.- life skills), facilitating online support groups in addition to website maintenance (since services were being offered remotely). Service providers offered opportunities for young people to socialize outside

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of their families, develop friendships with other young caregivers, in an effort to reduce isolation and facilitate breaks from caregiving.

3.1.3. Advocacy

A significant aspect of service providers' work was to advocate for their young caregiver clients, specifically by highlighting young people's voices and lived-experiences within young caregiver organizations, with funders, and in the broader community. One participant described their advocacy work as "building awareness on the general community of the population through outreach at different regions across the province and connecting with potential organizations that would have an interest in the conversation." (Online Support Group and Outreach Facilitator)

3.2. Impact of COVID-19 Pandemic on Organizations and Service Providers Supporting Young Caregivers and their Families

The impact of the pandemic led to increased caseload and referrals, and subsequent changes in roles/priorities for organizations, as noted by service providers working directly with young caregiver clients.

3.2.1. Increased Referrals & Caseloads

Service providers overwhelmingly described increases in client volume, and client engagement. The increase in demand for services during the pandemic resulted in increased access of online clinical services, and the expansion of services delivery provincially (i.e.-in Ontario) and nationally (i.e.-across Canada) given that virtual formats allowed service providers and organizations an opportunity to accommodate more diverse clients from various regions. Importantly, service providers noted they were required to adapt their responses to meet client needs which resulted in accelerated changes to previous service delivery models. As noted by one participant, their client load doubled and tripled "from 6 clients to 18-12 a month due to increased need for support during COVID for caregivers and their families." (Counselor and Program Developer/Facilitator for young caregivers older than 12 years old)

3.2.2. Changes in Roles for Service Providers

As previously noted, service providers and organizations were required to adapt service delivery models to meet the needs of clients while ensuring adherence to public health guidelines. As a result, service providers identified changes in their roles including offering telephone 'check-in' meetings with clients, delivering food, helping families access government benefits (i.e.-CERB), and other financial supports, making videos for young clients (i.e.-videos about breathing techniques), and making (and delivering) 'at-home kits' with equipment for programs. Some service providers noted that they continued offering in person services to families that desperately needed them in person.

In some cases, service providers noted the changes to their work, requiring them to receive additional training (i.e.-work related training, government training, health network training). This training helped service providers to better provide clinical support virtually to young caregivers and their families. Service providers identified newly-acquired skills sets, which allowed them to facilitate more opportunities for young caregivers to engage in programs, groups, and clinical options.

3.2.3. Changes in Priorities for Organizations

Service providers identified changes in organizational priorities with an emphasis on understanding and accommodating the varying needs of diverse young caregiver clients. These changes include building referral lists to outside agencies, and developing community connections, prioritizing service to traditionally under-represented and social excluded communities (i.e.- pride group, indigenous services, and support for BIPOC communities), branching out to support schools, and expanding services for young caregivers aged 5-25 years (from 5-12 years). Additionally, organizations shortened program durations, and offered more programs for young caregivers to ensure services were relevant to young caregiver clients of different ages. Organizations implemented new kinds of programs to keep caregivers engaged. Examples include "tabletop therapy group where board games are played" (Counselor and Program Developer/Facilitator for young caregivers older than 12 years old) and "'text message challenges' for kids who were tired of Zoom or mini scavenger hunts where kids would take pictures and send them back" (Counselor and Program Developer/Facilitator for young caregivers between 5-12 years old).

Simultaneously, organizations were challenged to support service providers who were performing multiple roles, in addition to managing increased staff turnover, and multidisciplinary team-based client services. As noted by one participant: "One person plans the clinical section, while one person plans the recreational section. The pandemic gave more flexibility to try this approach to implement learning and fun together." (Counselor and Program Developer/Facilitator for young caregivers older than 12 years old) One participant shared: "People were burning out, taking extended sick leaves, and taking time off for their own mental health." (Online Support Group and Outreach Facilitator)

3.2.4. Impact of the Pandemic on Service Providers

Service providers described the impact of role change(s) during the pandemic on their mental health and the importance of connections with their colleagues: "It was the middle of a pandemic and the workers were going through their own adjustments, so quickly having to take on 7 new roles was not ideal because it resulted in burn out." (Counselor and Program Developer/Facilitator for young caregivers identified through partnerships with schools) Importantly, service providers acknowledged the challenges of working from home while maintaining work/life boundaries. As noted by a participant: "since [staff members] were doing work from home, there was no change in environment after a difficult/heavy day at work and the lack of boundaries affected their mental health." (Counselor and Program Developer/Facilitator for young caregivers between 5-12 years old)

3.3. Barriers for Service Users

Service providers noted several barriers experienced by service users including negative attitudes toward online platforms and services, uncertainty about ongoing pandemic disruptions (from lockdowns and re-opening), overwhelming feelings from increased caregiver responsibilities, and a lack of breaks/respite for young caregivers and their families from COVID prevention and management.

3.3.1. Negative Attitudes Towards Online Platforms/Services

Service providers described several issues with online platforms and services for young caregiver clients and their families. Parents struggled with allowing young people too much access to technology as a substitute for outdoor recreational activities, which were no longer an option given the risk of community spread of COVID-19. Program goers became 'zoomed out' after spending all day on the computer in school and felt a lack of connection due to the difficulty of building rapport online, compared to in-person. Additionally, young caregiver clients experienced challenges with privacy and Wi-Fi access while accessing services and supports remotely: "something that was a huge problem for some of the young carers, which I can relate to, living in small apartments with a lot of people made participation so difficult…there are some people where their home is just not a suitable environment because of Wi-Fi definitely, just their families in the background, no privacy, having their siblings and parents overhear the conversations, even if they're not trying to. That was definitely an issue." (Program Assistant/Facilitator) As noted by another participant: "Clients were used to it in-person and transitioning to virtual involved barriers such as access to the internet and computers. It is hard to share personal and traumatic experiences virtually because of a lack of full human connection." (Licensed Social Worker)

3.3.2. Uncertainty & Ongoing Pandemic Disruptions

According to service providers, young caregiver clients expressed caution and confusion around facilities opening up due to the risk of closing again including school, lack of extracurricular activities, and programs/services shutting down (including healthcare) or being harder to access virtually (i.e.-therapy). One participant said "entering school online and then suddenly in class while having to wear masks and then switched to online again, adjustment and lack of stability was difficult for many students." (Counselor and Program Developer/Facilitator for Life Skills) Like many people during the pandemic, young caregivers and family members experienced challenges with loss of employment, underemployment, and/or precarious employment. As a reflection of how financially challenging caregiving was for many during the pandemic, one participant noted: "Younger clients tried to help the family make money by selling things on Facebook marketplace when parents lost jobs or no longer qualified for CERB." (Counselor and Program Developer/Facilitator for Life Skills)

3.3.3. Overwhelmed, Increased Caregiver Responsibilities, Lack of Breaks/Respite

Service providers identified their clients feeling overwhelmed from increasing caregiver responsibilities, and lack of breaks/respite, which presented significant challenges for young caregiver clients and their families. Young caregivers had to stop the program to attend to caregiver roles because it was done from home. They experienced challenges with motivation, self care, coping, and lost patience with the pandemic: "caregivers no longer had an escape from their roles because they had no change in environment for things such as school or work." (Online Support Group and Outreach Facilitator) Some young caregivers had loved ones that passed away during the pandemic and restrictions added layers of difficulty to activities such as funeral planning, wills, and estates. Families were overwhelmed, and caregiving responsibilities felt like they increased. As one participant noted: "The urge to get back to normalcy that affected their mental health and behaviour such as being overwhelmed and a lot of caregivers, even as young as six years old, noticed that programs ran shorter and were reflecting the worry and fear of their parents." (Counselor and Program Developer/Facilitator for young caregivers between 5-12 years old)

3.3.4. COVID Prevention

Services providers identified a greater fear of COVID was prevalent in caregivers, especially for families who took care of persons who were immunocompromised. As a result, COVID prevention strategies were implemented as per public health guidelines aimed at stopping the spread. Additionally, some young caregivers and their families struggled with public health guidelines; families were divided about government policies which made it difficult for service providers to bridge these conversations, families struggled with understanding who was eligible for vaccine as a caregiver, and young caregivers who got sick and had to isolate themselves from their families were unable to provide care. One participant said "a divide was formed in some families and society about things such as vaccines which made workers feel helpless on how to approach it." (Licensed Social Worker) Another participant noted "I had to have discussions with youth about advocacy and how to get the vaccine when you were under the age of 55 because a lot of caregivers didn't have the confidence to say that they are caregivers and need to be fully vaccinated because they live with someone who is immunocompromised." (Online Support Group and Outreach Facilitator)

3.4. Helpful Resources for Service Providers and Organizations

The pandemic brought significant changes for service providers and organizations working with young caregiver clients. As a result, service providers and organizations were tasked with adapting to changing and evolving COVID-19 related public health protocols impacting service delivery. Service providers described the resources that helped disseminate relevant information including emailed updates, professional word of mouth, and trainings from their specific organizations, and regulatory bodies (i.e.- trainings offered by the Ontario College of Social Workers), news reports, digital applications and search engines (i.e.-google, pinterest) and emails from external providers/organizations (i.e.- sharing public health updates). These resources offered service providers working with young caregivers more tools in their 'toolbox' to best meet the needs of their young clients.

3.5. Resources Needed/Preferred by Service Providers and Organizations

Service providers described resources which were beneficial in delivering services to young caregivers and their families during the pandemic. Specifically, they identified a distinction between resources needed by clients, and resources needed by service providers, and organizations.

3.5.1. Resources for Clients

Service providers identified that clients needed physical resources such as headphones (enabling more privacy by helping to make young caregiver clients more comfortable talking about issues when family could hear them), reliable access to internet (particularly for clients in rural areas where internet was especially bad and uploading a video took hours), and internet enabled devices (i.e.- tablets, laptops) were important for young caregivers during the pandemic. Young caregivers and their families relied on access to the internet to participate in remote school, programs and services. These resources require an investment in funding to offset the financial burden on young caregivers and their families. As expressed by one participant on what they believed would be helpful to have a type of support that could be created for young caregivers: "caregivers are incurring a significant cost out-of-pocket even though healthcare is free and it is hard to get a loan as a young caregiver, thus things such as grants to pay for PSWs [personal support workers] would have a huge impact." (Program Lead for Young Caregivers and Peer Mentoring Program)

3.5.2. Resources for Service Providers and Organizations

Service providers described resources necessary to facilitate effective service delivery to young caregiver clients. This included better coordination and communication between workers to reduce duplication of services. More navigation between services, information on how mandates affect communities, and increased awareness on the experiences of young caregivers in the broader community. One participant noted it would be a lot easier to support young caregivers if there was "awareness about caregivers and their roles to the general public can make people be more accommodating to young caregivers, such as in a school environment where teachers can recognize that the kids are not lazy or disengaged but have other roles." (Online Support Group and Outreach Facilitator)

3.6. Positive Outcomes from COVID

A secondary theme, positive outcomes from COVID-19, emerged through data analysis. Specifically, five service providers described positive outcomes from the COVID-19 pandemic on young caregivers and their families, as well as service providers and organizations. For example, young caregiver clients reported experiencing a reduction in bullying during remote learning, which allowed them to better focus on studies. Some young caregiver clients benefitted from independent learning, skill development, personal growth, and freedom to explore self-concept (i.e.-gender, sexuality) which allowed more authentic growth without the peer pressure in school. Online schooling, and working from home allowed for more flexibility for some young caregivers. As one participant noted: “teens that were too shy to come to program for reasons such as fear of not being accepted were able to come to program without their videos/cameras on without judgement.” (Counselor and Program Developer/Facilitator for young caregivers) Another participant said: “kids were less influenced by the idea of fitting in with other students and were able to be more authentic to themselves during personal growth, some youth came out with their sexuality during the pandemic because they had more time without the pressure of everyone else to influence.” (Counselor and Program Developer/Facilitator for young caregivers older than 12 years old) For some families, decreased access to structured activities reduced family stress, and offered more opportunities for rest and relaxation. However, this did not last for everyone: “there was a ‘honeymoon phase’ at the beginning of COVID where things slowed down and households became less chaotic because there were less appointments and less people coming in and out of homes.” (Counselor and Program Developer/Facilitator for young caregivers between 5-12 years old)

3.6.1. Benefits to Service Providers and Organizations

There were additional benefits to organizations and service providers in terms of knowledge generation and mobilization. Service providers identified they were still able to build a rapport with young caregivers and families virtually, and some programs will continue in this format to better service clients. Finally, service providers gained a better general understanding from society about caregiving.

4. Discussion

The aim of this study was to emphasize the voices of service providers working with young caregiver clients during the pandemic, and explore their perspectives on the impact of the pandemic on young caregivers and their families. As mentioned, this empirical research is part of a larger project which began in 2020 and remains ongoing until 2023. The study explores the impact of the COVID-19 pandemic on young caregivers aged 5-25 years and their families in Canada. Our overarching conceptual framework, the social determinants of health, informed data analysis. The decision to include the perspectives of service providers in this research project was a concerted effort to advance a more comprehensive understanding of the impact of the pandemic on young caregivers in Canada.

Service providers offer a unique perspective into the experiences of young caregivers and their families during the COVID pandemic. The results of this study highlight five (5) primary themes that emerged through data analysis: i) the role of service providers, ii) the impact of the COVID-19 pandemic on organizations and service providers supporting young caregivers and their families, iii) barriers for service users, iv) helpful resources for service providers and organizations, and v) resources needed/preferred by service providers and organization. A secondary theme: positive outcomes from COVID was also identified.

This study illustrates the ways in which service providers attempted to address gaps in services to young caregiver clients and their families during the pandemic. The pandemic led to an influx in client demand for organizations and service providers supporting young caregiver clients. Specifically, service providers and organizations were required to adapt their service delivery methods in order to comply with public health guidelines and to meet the unprecedented demand for service. This facilitated changes in organizational priorities and the roles held by service providers prior to the pandemic. Service providers, in turn, shared how their work impacted their mental health as they struggled to maintain personal and professional boundaries while working from home during the pandemic. Importantly, service providers identified similar, simultaneous, and co-occurring impacts of the pandemic between their young-caregiver clients and their families including isolation, difficulties navigating online spaces, challenges navigating boundaries while working from home with family members. Further, service providers shared experiences of seeking additional support, and resources to manage their work demands during the pandemic, which paralleled the experiences of their clients.

This study highlights that young caregivers are not a homogenous group, and that their experiences must be understood in a larger social and cultural context. Service providers identified the significant differences in the social locations and lived experiences of their young caregiver clients. An intersectional framework (see also Crenshaw, 1989) can advance a more comprehensive understanding of the experiences of these young people and their families. For example, the findings from this study suggest that socioeconomic status was a significant factor in the experiences of young caregiver clients and their families during the pandemic. Economic stress, and lack of resources (particularly internet and internet enabled devices such as laptops, tablets, and smartphones) contributed to increased access to service organizations. Young caregivers and their families who resided in more remote communities experienced greater challenges in terms of access to the internet which created challenges for young people participating in remote learning as well as remote programming offered by young caregiver organizations.

4.1. Strengths and Limitations

This study offers a unique insight into the experiences and voices of service providers working with young caregivers and their families during COVID. This knowledge helps to contextualize information provided by young caregivers and their families within the larger study. Further emphasizing the voices and experiences of service providers allows researchers and policymakers to better understand which resources have been effectively utilized and which areas may require further research and investment to best assist young caregivers and their families in Canada.

There were several limitations of this study. The first limitation is the small sample size of nineteen (19) service providers. The sample size is in no way representative of the entire population of service providers working with young caregivers and their families across Canada, therefore the results are not generalizable. This study represents a small population of service providers, from three (3) different organizations in Ontario. As Canada's largest province, Ontario is the only province with established young caregiver organizations, thus drawing attention to the regional variations in service needs and delivery across the country. Social and health services fall under provincial and territorial jurisdiction in Canada, therefore resource allocation and availability must be understood in this context.

Research in health contexts has pointed to variations in accessibility of healthcare services across the country, particularly highlighting the differences in northern and southern communities (see also Young et al., 2015) and rural and urban communities (see also Lavergne & Kephart, 2012). Factors such as population density as well as demographic, and socioeconomic characteristics are important factors in the availability of social and health services (Lavergne & Kephart, 2012; Young et al., 2015). The results of this study suggest regional variations were significant in the availability of services, supports, and experiences of young caregiver clients and their families during the COVID-19 pandemic. For example, access to the internet, and the availability of programs and services were significant barriers for young caregivers and their families in rural communities similar to the findings of a previous study (Newman et al., 2022) that compared young caregivers who lived in rural versus urban communities in the Canadian context (pre-pandemic).

4.2. Policy and Practice Implications

The results of this study suggest several practice implications for service providers and organizations working with young caregivers and their families. Young caregivers and their families were uniquely impacted by the pandemic which contributed to increased demands in services. Service providers described how sharing resources and knowledge between professionals was a significant asset to them as they navigated the ever-changing service landscape brought about by the pandemic.

There are significant implications for social policy in this area. Service providers highlighted a critical need for increased funding for young caregivers and their families to reduce the financial impacts of the pandemic. Service providers suggested that additional financial resources for organizations, and families would help to mitigate the impact of the pandemic and reduce stressors experienced by young caregivers and their families.

5. Conclusions

This study offers a unique insight into the experiences and voices of service providers working with young caregivers and their families during the COVID-19 global pandemic. According to service providers young caregiver clients and their families were considerably impacted by the pandemic. Subsequently, service providers, and organizations working with young caregiver clients and their families were challenged to respond to increased service demands and adapt service delivery methods to ensure adherence to public health guidelines.

The voices of service providers emphasize the ways in which young caregiver clients and their families represent an under-resourced population worthy of further investment and support. Increased investment and support in the well-being of young caregivers in Canada would ensure greater equity for these young people and their families. Socioeconomic status and the availability of local community resources were significant factors in mitigating the effects of the pandemic on young caregiver clients and their families. Service providers expressed the need for further investment in resources for young caregivers and their families in Canada.

Further research should explore the effectiveness of specific programs, services and interventions from the perspectives of service users. Additionally, it would be beneficial to re-evaluate the impact of the pandemic on young caregivers and their families from the perspectives of service providers after public health restrictions were lifted nationally (and globally) as a point of comparison.

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References

1. Braun, V.; Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qual Res Sport Exerc Health, 11(4), 589-597.
2. Brooks, S. K.; Webster, R. K.; Smith, L. E.; Woodland, L.; Wessely, S.; Greenberg, N.; and Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet*, *395*(10227), 912-920.
3. de Figueiredo, C. S.; Sandre, P. C.; Portugal, L. C. L.; Mázala-de-Oliveira, T.; da Silva Chagas, L.; Raony, Í.; Ferreira, E. S.; Giestal-de-Araujo, E.; dos Santos, A. A.; Bomfim, P. O.-S. (2021). COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. *Prog Neuropsychopharmacol Biol Psychiatry*, *106*, 110171. https://doi.org/10.1016/j.pnpbp.2020.110171
4. Guessoum, S. B.; Lachal, J.; Radjack, R.; Carretier, E.; Minassian, S.; Benoit, L.; Moro, M. R. (2020). Adolescent psychiatric disorders during the COVID-19 pandemic and lockdown. *Psychiatry Res*, *291*, 113264. https://doi.org/10.1016/j.psychres.2020.113264
5. Janousch, C.; Anyan, F.; Morote, R.; Hjemdal, O. (2022). Resilience patterns of Swiss adolescents before and during the COVID-19 pandemic: A latent transition analysis. *Int J Adolesc Youth*, *27*(1), 294–314. https://doi.org/10.1080/02673843.2022.2091938
6. Lakman, Y.; Chalmers, H.; Sexton, C. (2017). Young carers' educational experiences and support: A roadmap for the development of school policies to foster their academic success. *Alta. J. Educ. Res*, *63*(1), 63-74.
7. Lavergne, M. R.; Kephart, G. (2012). Examining variations in health within rural Canada. *Rural remote health*, *12*, 1848.
8. Lee, J. (2020). Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Health*, *4*(6), 421. https://doi.org/10.1016/S2352-4642(20)30109-7
9. Lindsay, S.; Ahmed, H. (2021). School and Employment-Related Barriers for Youth and Young Adults with and without a Disability during the COVID-19 Pandemic in the Greater Toronto Area. *Adolesc.*, *1*(4), 442–460. https://doi.org/10.3390/adolescents1040034
10. Ludvigsson, J. F. (2020). Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults. *Acta Paediatr.*, *109*(6), 1088–1095. https://doi.org/10.1111/apa.15270
11. Magson, N. R.; Freeman, J. Y. A.; Rapee, R. M.; Richardson, C. E.; Oar, E. L.; Fardouly, J. (2021). Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic. *J Youth Adoles.*, *50*(1), 44–57. https://doi.org/10.1007/s10964-020-01332-9
12. Marziali, M. E.; Card, K. G.; McLinden, T.; Wang, L.; Trigg, J.; Hogg, R. S. (2020). Physical Distancing in COVID-19 May Exacerbate Experiences of Social Isolation among People Living with HIV. *AIDS Behav.*, *24*(8), 2250–2252. https://doi.org/10.1007/s10461-020-02872-8
13. Moore, T.; McArthur, M. (2007). We're all in it together: Supporting young carers and their families in Australia. *Health Soc Car Community*, *15*(6), 561-568.
14. Molloy, E. J.; Bearer, C. F. (2020). COVID-19 in children and altered inflammatory responses. *Pediatr. Res.*, *88*(3), 340–341. https://doi.org/10.1038/s41390-020-0881-y
15. Newman, K.; Bookey-Bassett, S.; Wang, A.Z.Y., (2021). Exploring Nurses' Knowledge, Skills and Experience With Young Caregivers. *Perspect.*, *42*(2), 7-15.
16. Newman, K.; Chalmers, H.; Berardini, Y.; Wang, A. Z. Y.; Stamatopoulos, V.; Lewis, M. (2022). No Young Carer Left Behind: A Two-Phased Study to Understand and Address the Needs of Young Carers from Rural and Urban Communities Before and During Covid-19. *Can J of Fam Youth/Le Journal Canadien de Famille et de la Jeunesse*, *14*(1), 124-145.
17. Nichols, K. R.; Fam, D.; Cook, C.; Pearce, M.; Elliot, G.; Baago, S.; ... Chow, T. W. (2013). When dementia is in the house: needs assessment survey for young caregivers. *Can J Neurol Sci.*, *40*(1), 21-28.
18. Schoon, I.; Henseke, G. (2022). Social Inequalities in Young People's Mental Distress During the COVID-19 Pandemic: Do Psychosocial Resource Factors Matter? *Front. Public Health*, *10*, 820270. https://doi.org/10.3389/fpubh.2022.820270
19. Smyth, C.; Blaxland, M.; Cass, B. (2011). 'So that's how I found out I was a young carer and that I actually had been a carer most of my life'. Identifying and supporting hidden young carers. *J. Youth Stud.*, *14*(2), 145-160.
20. Sprung, S.; Laing, M. (2017). Young carer awareness, identification and referral. *Br. J. Community Nurs.*, *22*(8), 398-406.
21. Stamatopoulos, V. (2015). One million and counting: The hidden army of young carers in Canada. *J. Youth Stud.*, *18*(6), 809-822.
22. Stamatopoulos, V. (2016). Supporting young carers: A qualitative review of young carer services in Canada. *Int J Adolesc Youth*, *21*(2), 178-194.
23. Stamatopoulos, V. (2018). The young carer penalty: Exploring the costs of caregiving among a sample of Canadian youth. *Child & Youth Serv.*, *39*(2-3), 180-205.
24. Young, T.K; Ng, C.; Chatwood, S. (2015) Assessing health care in Canada's North: what can we learn from national and regional surveys? *Int. J. Circumpolar Health*, *74*:1. https://doi.org/10.3402/ijch.v74.28436