

# Caregiving Youth

A summary of the scientific literature on caregiving youth in the United States.



## How This Impacts Children's Development

In the United States, more than 5.4 million children and adolescents under age 18 provide care for family members who are aging or have chronic illness, disability, or other health conditions that require assistance.

Providing care to family members affects youth's academic, social, and emotional well-being.

[READ THE BRIEF: The United States Should Recognize and Support Caregiving Youth, 2021](#)

### **Talking Points from the SRCD Brief**

- Caregiving youth (under 18) often manage complex tasks like personal care, feeding, medication, and emotional support for loved ones.
- The U.S. government and schools do not formally acknowledge or support caregiving youth, leaving them at higher risk for academic, social, and emotional challenges.
- The experiences of caregiving youth vary based on family circumstances and health care issues, which can change over time.
- Caregiving youth are often women, older children, minorities, from financially struggling families, and live in multigenerational households.
- Research on caregiving youth shows mixed outcomes: some gain resilience and skills, while others face mental health issues, limited opportunities, and increased stress from balancing caregiving and other responsibilities. Factors increasing caregiving youth include an aging population, the opioid epidemic, and the COVID-19 pandemic.

### **Policy Considerations in the Brief**

1. Existing social programs that support family caregivers should be updated to include youth, requiring states and the federal government to adjust the age limitations currently placed on who is considered a caregiver, and extend access to people under the age of 18.
2. Federal and state policies should require schools to routinely identify vulnerable populations of students, such as the “Youth Risk Behavior Survey.”
3. Schools should educate and empower staff—including school nurses, counselors, and administrators—to address the needs of caregiving youth in schools and at home.
4. Research on caregiving youth should provide a basis for medical policies, services, and interventions.
5. Providers of medical and social services for children and adults should be educated about caregiving youth and their potential needs, as well as the ability to provide recommendations to identify and support caregiving youth.

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