

Caregiver-child relationships, school belonging, anticipated permanency and self-reported depression: An analysis of adolescents in the foster care system.

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ABSTRACT

Adolescence is a critical period of development for children in foster care, where they are already at risk of developing mental health issues, specifically depression, and experiencing short and long-term negative impacts. It is estimated nationally that 1 in 4 adolescents have been exposed to cumulative traumatic events. In 2019 out of 9,061,651 children in the foster care system, 3,628,167 of those children were adolescents aged between 10 to 18. In addition, the foster care population shows a prevalence of depression at 15% compared to 7% of those children not receiving federal financial assistance. The present study uses secondary data from the National Survey of Child and Adolescent Well-Being. The sample includes N=12,077 children from 92 primary sampling units in 97 counties located in 36 states nationwide. The study found that high-quality caregiver-child relationships and school belonging had lower levels of depression. However, with higher anticipated permanency, it was reported that there were also higher levels of depression.

INTRODUCTION

Significance of Study

- ❖ In 2020 there were 423,997 children in the U.S. foster care system.
- ❖ In 2020 out of 9,061,651 children, 3,628,167 of those children were adolescents aged between 10 and 18.

Purpose of Research

- ❖ The purpose of this study is to explore whether adolescents in foster care are at increased risk of major depressive disorder due to insecure caregiver-child relationships, poor school belonging, and poorly anticipated permanency planning.

Research Questions

1. What is the relationship between caregiver-child relationships, school belonging, anticipated permanency, and self-reported depression among adolescents in the foster care system?

Hypotheses

- ❖ It is hypothesized that adolescents with a secure and healthy caregiver-child relationships, positive school-belonging, and positive anticipated permanency will have lower rates of self-reported depression.

LITERATURE REVIEW

Caregiver-Child Relationships

- ❖ A secure healthy caregiver-child relationship is critical because it develops the child's personality, life choices, and overall behavior and temperament and positively affects a child's socioemotional development..
- ❖ Adolescents who have a secure caregiver-child relationship with consistent rules and boundaries can more easily regulate their emotions than adolescents with insecure caregiver-child relationships.
- ❖ Caregiver-child relationships are critical to adolescents' mental health and overall well-being.

Anticipated Permanency

- ❖ Adolescents in foster care who could not find adequate permanency experienced an increase in depression.
- ❖ It was found that 52% of male and 36% of female adolescents adopted from foster care needed to receive mental health services compared to the 10% of the general population.

School Belonging

- ❖ When adolescents experience school isolation, social rejection, and the absence of social support from teachers and school staff, they are at increased risk for mental health issues.
- ❖ School belonging is also associated with a high-quality relationship with school staff, teachers, and peers, which in turn are associated with lower rates of depression and aggression.

Gaps

- ❖ There is a lack of research for adolescents in foster care because most of the literature researched is for the general population of children in foster care.

METHODS

The National Survey of Child and Adolescent Well-Being (NSCAW) is a longitudinal study conducted by Cornell University and collected data using face-to-face interviews or assessments using a paper and pen from the children, current caregivers, caseworkers, teachers, and caseworkers during the intake and exiting the system. The sample size of NSCAW included 12 077 children from 92 primary sampling units in 97 counties located in 36 states nationwide. The age of participants ranged from birth 10 to 17.5. the participants were ethnically and culturally diverse, (51%) White, (34%) African American, (15%) of another race, (3%) Asian and (6%) American Indian, and (17.4%) Hispanic.

Measures

Independent Variable's

School Belonging

- ❖ The Loneliness and Social Dissatisfaction survey assessed school belonging, which included questions about school engagement and peer relationships. A total of 10 questions on a 4-point Likert scale were utilized.

Anticipated Permanency

- ❖ The University of California Berkeley Foster Care study assessed anticipated permanency. In addition, the study included questions that measured the following: the child's adjustment to permanency, perception of permanency, disruptions, and how permanent they view their current placement.
- ❖ A total of 11 questions, with the response options being yes/no were utilized.

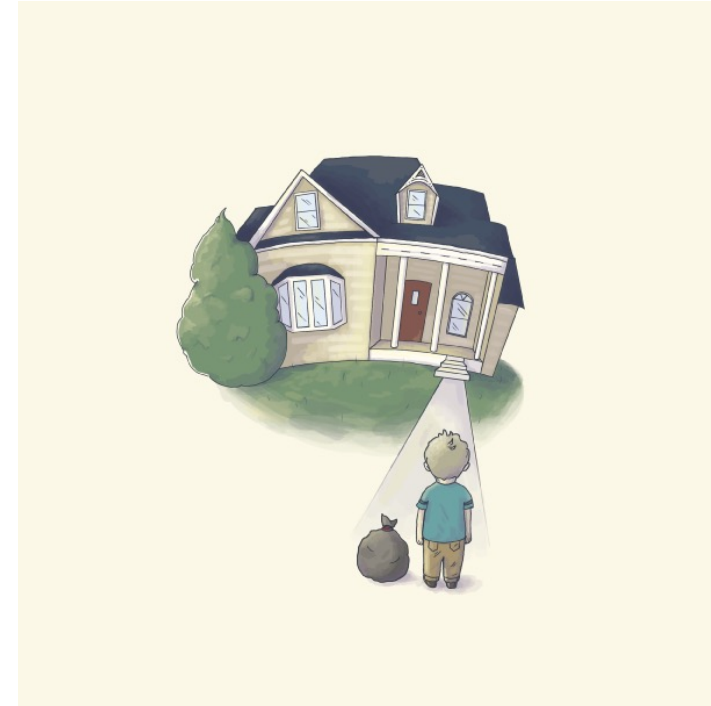
Caregiver-child Relationships

- ❖ The Child and Adolescent Services Assessment (CASA) assessed caregiver-child relationships. CASA included questions about parental monitoring and relationships with parents and other adults.
- ❖ A total of 8 questions on a 5-point Likert scale were utilized.

Dependent Variable

Self-reported Depression

- ❖ The Children Depression Inventory assessment assessed self-reported depression among adolescents. The Children Depression Inventory assessment included questions that measured a child's symptoms of depression..
- ❖ A total of 8 questions with answers yes/no were utilized.



RESULTS

Table 3.

Intercorrelations for Depression by Caregiver Child Relationships, School Belonging, and Anticipated Permanency

Variables	CD: Depression: Total CDI Std. Score	Caregiver Child Relationship	School Belonging	Anticipated Permanency
1. CD: Depression: Total CDI Std. Score	1			
2. Caregiver Child Relationship	-2.57**	1		
3. School Belonging	-.180**	.187**	1	
4. Anticipated Permanency	.186**	-.157*	-0.083	1

Table 5.

Results of One-Way ANOVA for levels of Depression for Race

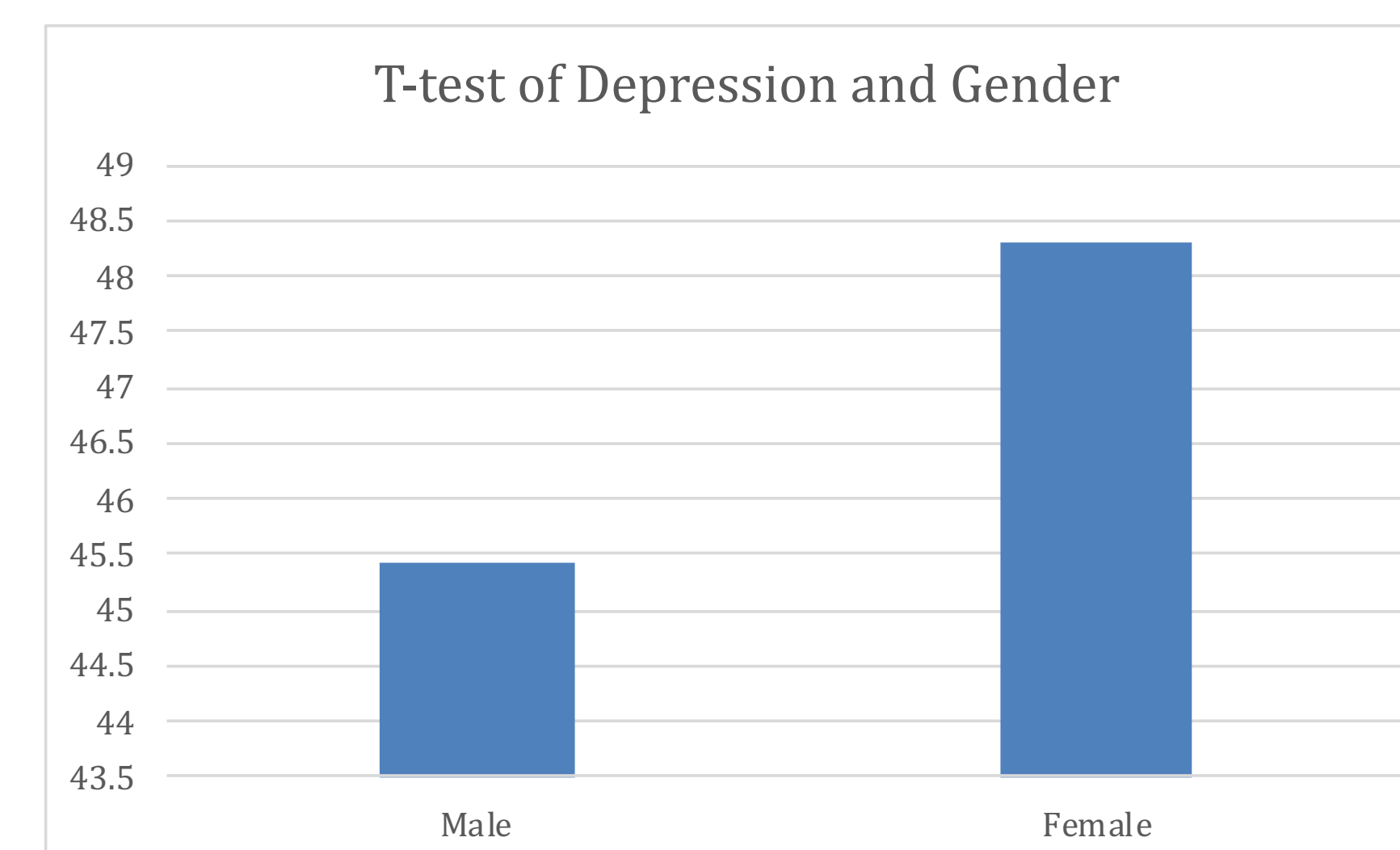
	Native Indian/Alaskan		Black		White		Other		ANOVA	
	M	SD	M	SD	M	SD	M	SD	F	p
Depression	45.28	9.81	45.81	8.87	47.05	10.25	48.88	12.56	2.632	.049

Table 1.

Descriptive Statistics for Sample Demographics

	f	%
Age	M= 6	SD= 6.449
Gender		
Male	2711	51.6%
Female	2540	48.4%
Racial Origin		
Native Indian/Alaskan	125	2.1%
Black	579	9.9%
White	954	16.2%
Other	62	1.1%
Spanish Origin		
Mexican/Mexican American/ Chicano	203	3.5%
Puerto Rican	53	.9%
Other Hispanic	63	1.1%

Figure 1. Bar graph for T-test of Depression and Gender



DISCUSSION

Summary of Findings

- ❖ The current study found a significant relationship between caregiver-child relationships and depression.
- ❖ Adolescents with an increasingly secure, healthy caregiver-child relationship showed a decrease in depression.
- ❖ The current study found a significant relationship between school belonging and depression.
- ❖ Adolescents with higher levels of school belonging showed a decrease in depression.
- ❖ Females in the study's sample had higher levels of depression than males.
- ❖ The current study found that anticipated permanency and depression were related. In addition, it was found that adolescents with anticipated permanency in place showed higher levels of depression.

Strengths

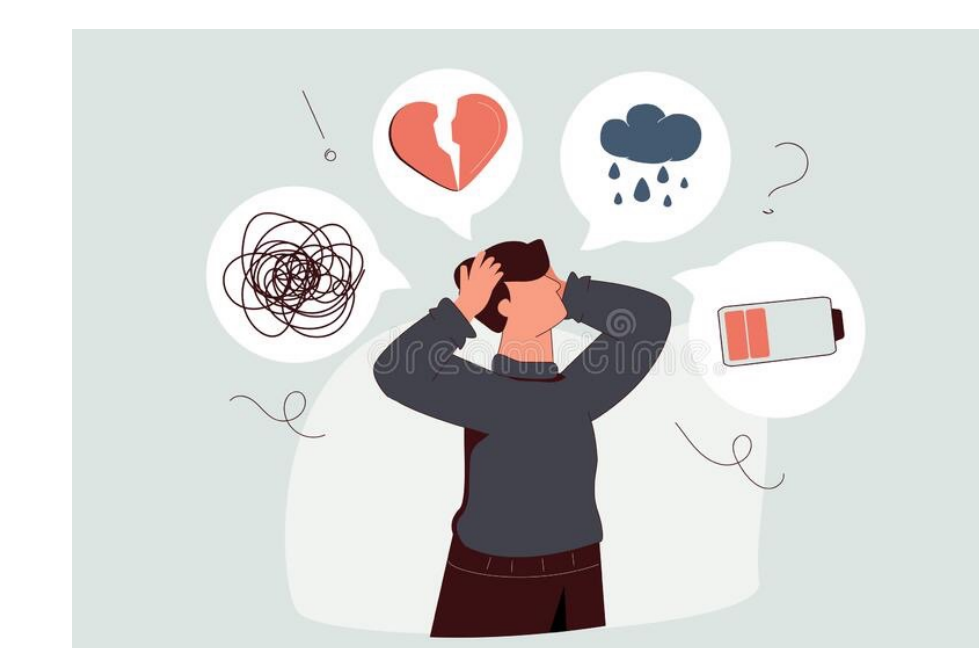
- ❖ The study had a large sample for testing relationships, school belonging, and anticipated permanency over time

Limitations

- ❖ For anticipated permanency, the type of placement the child resides in was not discussed or reported, which is an important consideration.
- ❖ Multiple studies and or countries defined adolescent ages differently such as, 9-18, 11-16, and others defined adolescents between 10- 19.

Implications

- ❖ Findings from the present study can inform future practice with adolescents in foster care through being aware of factors contributing to their mental health.
- ❖ Understanding the connection between permanency, school belonging, caregiver-child relationships, and self-reported depression is essential.
- ❖ Information from this study can potentially lead to recommended programs, interventions, and preventative measures for the future.



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