

The Impact of Caring for an Older Relative on Adolescent Development

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Abstract

Research in the area of young caregivers is a relatively new phenomenon in the United States. The first national U.S. survey of young caregivers showed over 1.3 million children ages 8-18 were providing care for an older relative, and 72 percent were caring for a parent or grandparent (NAC/UHF, 2005). While young caregivers may suffer in academics, caregiving tasks may also impact their ability to participate in activities outside of the classroom, therein creating life experiences different from their non-caregiving peers (Tatum, 1999).

Two data sets collected from surveys from two middle schools participating in the Young Caregivers' Project in Florida ($n=1478$) are being analyzed. Males and females were equally represented (51.6% and 48.4%, respectively), ranging in age from 10 to 17 years ($M=12.50$, $SD=1.08$). The sample was ethnically diverse (29.5% Caucasian, 24.1% African American, 23.1% Hispanic/Latino, 1.8% Asian, 7.9% Mixed, and 13.7% Other).

Since caring for older relatives has become a more common family experience, it is necessary to develop an understanding of how a young adolescent's life is affected by caregiving responsibilities for an older relative. The purpose of this study is to identify and explore differences between young caregivers and their non-caregiving peers in the areas of academic success, participation in extracurricular activities, perceived stressors, anxiety and depression, and life satisfaction.

Research Questions

- Do young caregivers differ from their non-caregiving peers on measures of stress and coping, life satisfaction, and anxiety and depression?;
- Do young caregivers experience more difficulties than their non-caregiving peers in their academic performance?;
- Do young caregivers experience more activity restriction and isolation than their non-caregiving peers?; and
- What are some positive outcomes for young caregivers compared to non-caregivers?

This presentation describes the results of the initial secondary data analysis of the 41 item survey. It presents the prevalence of youth caregiving by intensity, demographic characteristics, and differences in anxiety/depression in middle school students who are caregivers and those who are not.



Introduction

Caring for older relatives has become a normative experience with the rapid aging of society, and it affects men and women of all ages and backgrounds. More than 50 million people in the United States provide care for a chronically ill, disabled, or older family member or friend during any given year (DHHS, 2000). The population of adult children who are caregivers has been studied extensively, and although national surveys have shown that about 40 percent of caregiving households have children age 18 and younger, almost nothing is known about the impact of caregiving on this age group.

Young caregivers and their non-caregiving peers appear to differ in their daily activities and how they spend their time dealing with a range of emotional and physical tasks at home (Warren, 2005). Becker (2007) has presented a framework that describes caring responsibilities of children and adolescents along a caregiving continuum. He proposed that young caregivers fall on the "heavier" end of the continuum as a function of the amount of care they provide, the nature of their caregiving tasks, the time they spend in caregiving roles, and the impact of caregiving experiences on their personal, academic, family and social experiences as well as their emotional health.

As a result of caregiving, school and educational opportunities may be adversely affected. Although data from the Young Carers UK report (2004) showed a decrease in school absences and difficulties with schoolwork from previous reports, over a quarter (27%) of young caregivers in high school and 13% of caregivers in elementary and middle school experienced some school-related problems (Dearden & Becker, 2004). A recent US study showed that 22% of students polled reported dropping out of school to care for a family member (Bridgeland et al., 2006).

In the future, an increasing number of adolescents and teenagers will be faced with caring for an older relative, either in the home or a nearby setting, therein having different life experiences from their peers. Even without an added responsibility of caregiving, adolescents face a turbulent stage of development that is critical to their formation of identities, development of relationships, and impact on anxiety/depression and perception of stress. The present study examines how young caregivers perceive themselves and their roles as well as how caregivers may differ from their non-caregiving peers in their academic success, participation in extracurricular activities, perceived stressors, anxiety and depression, and life satisfaction.

Method

Research Design:

- The research design is a quantitative secondary data analysis of students in grades 6-8 who have caregiving responsibilities in and near the home and those who do not have caregiving responsibilities.

Data collected from questionnaires of students in middle schools as part of the Caregiving Youth Project in Palm Beach County were analyzed, yielding preliminary results examining prevalence of young caregivers and differences between caregivers & noncaregivers in anxiety/depression.

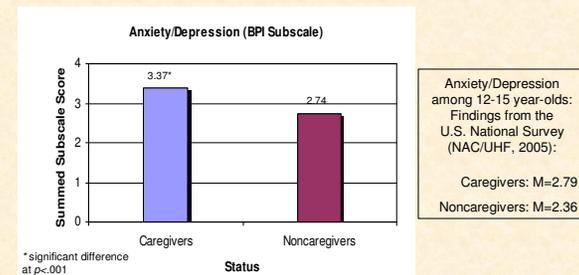
Participants:

Variable	Young Caregivers (n=377)	Young Non-caregivers (n=1,100)	Total
Gender			
Male	49.60%	52.20%	51.50%
Female	50.40%	47.80%	48.50%
Missing	0	0	0
Race/Ethnicity			
Caucasian	17.80%	33.50%	29.50%
African American	33.20%	21.00%	24.10%
Latino/Hispanic	20.70%	23.90%	23.10%
Asian	2.40%	1.50%	1.80%
Mixed	8.00%	7.80%	7.90%
Other	18.00%	12.20%	13.70%
Missing	0	0	0
Age			
Mean	12.43	12.53	12.51
S.D.	1.05	1.09	1.08

Measures:

- The Caregiving Youth Partners' Project Survey is composed of 41 items that assess demographics, extent and nature of caregiving, stress and coping, life satisfaction, and anxiety and depression of both young caregivers and non-caregivers.

Caregiving/Noncaregiving Differences:



Behavior Problems Index (BPI) Anxious/Depressed Mood Subscale:

Subscale Items	Scoring
Has not been true	0
Has been somewhat true	1
Has been often true	1

(Total score out of a possible 6)

1. In the last three months, I've worried too much.
2. In the last three months, I've had sudden changes in moods or feelings.
3. In the last three months, I've felt unhappy, sad, or depressed.
4. In the last three months, I've been fearful or anxious.
5. In the last three months, I've felt worthless or inferior.
6. In the last three months, I've felt like or complained that no one loves me.

Discussion

Prevalence of Caregiving:

In this study, 377 students (25.5%) were classified as "young caregivers," which underscores the belief that young caregivers may be more prevalent than national statistics reveal. On the LOR index, 43% of these students were Level 1; 18% were each Level 2, 3, and 4; and 3% were Level 5. Analysis of student demographics reveals similar representativeness among gender, age, and ethnicity of caregivers and noncaregivers. In addition, this study's overall sample is comparable to that in the U.S. national survey: males and females were equally represented (51.6% & 48.4%, respectively), with a mean age of 12.50 (S.D.=1.08).

Anxiety/Depression in Caregivers & Noncaregivers:

Similar to the U.S. National Survey (2005), young caregivers scored significantly higher ($p < .001$) than young noncaregivers on the Behavior Problems Index (BPI) subscale. This finding indicates that, as a group, young caregivers are more likely to show feelings of anxiety and depression than their peers. This behavior may manifest in both the school and home.

Implications for Further Analysis/Study:

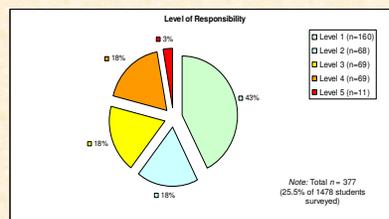
This study underscores the importance of identifying and developing interventions for young caregivers in the U.S. and internationally. While there is no consensus at present about an operational definition of young caregivers, Becker (2007) emphasizes that caregiving occurs on a continuum of care for all children and adolescents, with young caregivers falling on the "heavier" end of the continuum by the amount of care they provide, the nature of their caregiving tasks, the times they spend in caregiving roles, and the effects of their experiences. In this study, caregivers were self-identified by whether they provided care in the home, provided care nearby, or provided no care. Future research/analyses should focus on both differences between caregivers and noncaregivers and among the different levels of responsibility (LOR) of caregiving to more clearly develop and provide the levels of support these students need.

Previous research has stressed that as a result of caregiving, school and educational opportunities may be adversely affected. With nearly one-quarter (22%) of high school dropouts reporting caregiving as their reason for leaving school (Bridgeland et al., 2006), it is evident that further research and analysis in this area are needed to address the impact of caregiving on school attendance and performance. More programs like the "Lunch and Learns" as part of the Young Caregivers Project would help provide students with the information and support they need as they face these demanding tasks.

Further analyses of the remaining subscales on the Caregiving Youth Partners' Project survey are being conducted to identify and clarify differences between caregiving and noncaregiving youth in the areas of coping styles, life satisfaction, and caregiving impact and responsibilities.

Initial Results

Prevalence of Caregivers:



The formula used to calculate "Level of Responsibility" was derived from the National Alliance for Caregiving/American Association of Retired Persons national survey publication (1997), which reported "Level of Care." It was adapted for the Young Caregivers Project.

Level of Responsibility (LOR):

Hours per Week	Response Category
1 - 8	1
9 - 20	2
21-40	3
41 or more (constant care)	4

Types of Care	Response Category
0 - 1 IADLs/0 ADLs	1
2+ IADLs/0 ADLs	2
1 ADL (with or without IADLs)	3
2+ ADLs with or without IADLs	4

Scores are combined from "Hours per Week" & "Types of Care" to indicate LOR

Level	Combined Score
1 (*lowest)	2-3
2	4
3	5
4	6-7
5 (*highest)	8

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