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Research article

The crucial role of the micro caregiving environment: Factors associated with attachment styles in alternative care in Chile



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ABSTRACT

The distribution of attachment styles has been shown to differ between groups of children living with their parents and children placed in alternative care (AC), defined as residential or foster. However, this is the first study in Latin America to explore possible factors affecting the quality of attachment in children living in both residential and foster care. Two groups of children ($N = 57$) were compared: one group living in Residential Homes (RC) and the other in Foster Care (FC) in Chile. Children's, caregivers' and structural factors (e.g., child: caregiver ratios) and their links with attachment styles were investigated. The micro caregiving environment (i.e., the specific individual child caregiver relationship), especially the caregivers' engagement, sensitivity, disciplinary control and affection, as well as some structural factors (i.e., child: caregiver ratios), were linked to attachment security in children. Specifically, better emotional caregiving and lower child-caregiver ratios were associated with higher rates of secure attachment. The association between quality of care (as measured by the HOME inventory) and attachment styles seems to be influenced by caregiver relationships (as measured by CCSERSS). Caregiver relationship factors (i.e., affection, engagement and sensitivity) directly impact the quality of the attachment children establish with them while living in AC. However, the relationships that caregivers establish with children under their care can be facilitated by good quality structural factors, particularly child-caregiver ratios.

1. Introduction

An emergent body of research in attachment is being conducted with children living in alternative care (AC) settings, both residential homes and foster families. Initial studies in this field focused on adoption post institutional care, but attention is now moving to the attachment children establish with their residential and foster caregivers while still living in these alternative care settings. Outcomes for children living in both residential homes (RC) and foster homes (FC), in terms of the quality of attachment to their caregivers, have been linked with child, caregiver and structural factors. However, these factors have not been studied together in a single sample of children; rather they have been considered in separate studies conducted with different samples, some in institutional and other in foster care, exploring one or two variables each (see Garcia Quiroga, & Hamilton-Giachritsis, 2016 a for detailed analyses of the factors studied). Therefore, the aim of this study was to explore the links between different attachment styles in two groups of children living in AC (one residential and one foster care) and three groups of variables (i.e. child, caregiver, and structural factors), all within the same country.

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2. Factors associated with attachment style

Initial studies suggest that factors associated with attachment style seem to differ between alternative care settings. For example, younger age at placement (*child factors*) has been found in previous studies to be linked with attachment security in foster care, but not in residential care (Ponciano, 2010; Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010). However, the critical age in foster care for better outcomes was 24 months, yet the studies of residential care tend to have samples aged younger than 24 months. Hence, the lack of association may be methodological, rather than actual. Indeed, a recent meta-analysis found that placement before 12 months is a moderating factor for attachment disorganisation in these settings (Lionetti, Pastore, & Barone, 2015).

Association between attachment security and length of time in placement has been found to be affected by the quality of care provided. Longer time spent living in good quality RC is linked with higher rates of secure attachment styles (Howes & Segal, 1993), while longer time in low quality RC linked with lower security (Vorra et al., 2003). In terms of gender, no significant differences between boys and girls living in AC are reported. However, gender seems to have a specific moderating role in the response to change of placement (i.e., FC after RC), with more girls developing a secure attachment after placement than boys (McLaughlin, Zeanah, Fox, & Nelson, 2012). Finally, adoption status has been linked to attachment security in FC settings with those children going on to be adopted more likely to develop a secure attachment (Ponciano, 2010). In contrast, contact with biological parents has been linked with attachment insecurity (Ponciano, 2010).

Regarding *caregiver's characteristics* some factors have been linked with attachment quality in several studies, mainly in FC settings. For example, caregivers' sensitivity has been linked to higher rates of attachment security both in residential (Howes and Segal, 1993) and foster care (Ponciano, 2010). A caregiver's childhood trauma, motivations for fostering (e.g., spiritual expression, replacement of a grown child and desire to adopt) and experience as a caregiver have been linked with higher rates of insecure attachment styles in children, while caregivers' autonomous/secure state of mind was linked to more secure attachment styles in children.

In the final domain (*structural factors*), quality of caregiving and organization of the home environment and learning materials have been linked to security of attachment both in residential (Zeanah, Smyke, Koga, & Carlson, 2005) and foster care (Cole, 2005a,b). The number of children living at the foster home was explored by Ponciano (2010), with fewer children in the placement facilitating the development of a higher number of secure attachments amongst them; no study in RC has considered this factor.

A very interesting intervention study conducted in orphanages considered structural changes (to promote stability of caregiving figures and a low number of children in each group) and caregivers' training in promoting warm, sensitive contact with children; it reported significant, stable improvements in several outcomes for several children, including more organised attachment behaviours (Groark & Mc Call, 2011). A similar intervention was conducted with regular staff in a Latin American orphanage to promote warm, sensitive and responsive caregiver-child interactions. Children had a significant improvement in their outcomes after four months of exposure to the intervention, children who were transitioned to an older ward improved less than those who remained in the same group, suggesting the importance of stability in caregiving particularly when sensitive interactions are held (McCall et al., 2010).

2.1. Rationale

Previous literature provided initial information regarding some possible relevant factors for attachment formation in AC, and indicated a lack of studies exploring these factors in a single sample, considering different types of AC (RC and FC) in the same country. In addition, they tend to focus on one or a few variables. Thus, the aim of the present study was to explore a number of possible factors (i.e., structural, caregiver and child) in a single country sample, considering both FC and RC with multiple factors to explore differences and similarities. As such, it should be possible to consider confounding factors and control for cultural variations by comparing two types of care in one single country. This can widen our understanding of factors associated with quality of care in children living in AC and can lead to intervention programs and policies to improve the conditions of children living in these settings. Finally, it is notable that much of the research on which decisions about AC around the world are based (e.g. United Nations, 2009) is European or North American in origin. Hence, gaining data on AC in other cultural contexts provides valuable information about similarities and differences in AC and outcomes for children across different countries, avoiding the possibility that policies are euro-centric and unable to account for other settings.

Based on previous literature, the following hypotheses were proposed:

- There will be a number of children's factors (i.e., age at placement, reason for placement, previous placements, and time in placement) associated with the quality of attachment.
- Caregiver's factors (i.e., attachment style, years of experience, age, beliefs, motivations, and quality of the relationship with the child) will be associated with the quality of attachment styles in children.
- Higher scores and rates of security in attachment will be observed in children living in AC placements with better quality of care (measured as HOME scores and child: caregiver ratios).

3. Method

This paper presents findings from one aspect of a broader study on attachment in AC in Chile. That cross-sectional study utilised a mixed methods approach, including psychometric measures in children and caregivers, interviews and focus groups with caregivers and questionnaires for managers. A cross-sectional design was used in order to explore the prevalence of different attachment styles

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