ATTACHMENT STYLES IN ALTERNATIVE CARE: A STUDY WITH CAREGIVERS AND CHILDREN LIVING IN RESIDENTIAL AND FOSTER CARE IN CHILE

By

MANUELA GARCIA QUIROGA

A thesis submitted to the

University of Birmingham

for the degree of

DOCTOR OF PHILOSOPHY

School of Psychology

The University of Birmingham

January 2017

ABSTRACT

This thesis investigates attachment styles in alternative care (AC) - both residential (RC) and foster (FC). Part I presents two chapters to highlight the number of children living in AC and the general move from residential to foster care across many countries. Furthermore, chapter one noted the lack of studies in less developed countries and that no study considers attachment in foster, residential and parental care in the same country. Part II presents five empirical chapters. Chapter 3 explored attachment based practices and managers' beliefs in RC (N=17), highlighting these were associated with outcomes for children. Chapters 4 and 5 explore the experience of carers in RC (N=43) and FC (N=14), reporting the extent of carers' emotional involvement in their relationships with children. Chapter 6 reports attachment styles in children living in AC and parental care (N=77); differences in attachment quality and other outcomes were found between AC and parental care, but no significant differences were found between RC and FC. Chapter 7 explores factors associated with attachment in AC (N=57); caregivers' sensitivity, responsivity and affection, and child:caregiver ratios were linked to secure attachments. Chapter 8 provides a general discussion of the results, with implications for policy, practice and research.

"'Tis better to have loved and lost than never to have loved at all"

Alfred Lord Tennyson

To my dearest mother, Silvia Quiroga for inheriting me her vocation and for enabling me to experience unconditional love, I wish you were here …

Acknowledgements

The completion of this PhD would not have been possible without the help and support of many people throughout these years. Above all, I am deeply grateful to Catherine Hamilton-Giachritsis, my main supervisor, thank you for your constant support and guidance, far beyond any duty, and for generously sharing your time and knowledge, providing invaluable advice and stimulating my academic development through all these years, regardless of the distance; you were also very important to me in the sad moments this last year. Thank you to Linda Wheeldon, Amanda Wood and Dietmar Heinke, for agreeing to be my second supervisors at different stages of my PhD, to Jessica Woodhams for taking her time to chair my viva and special thanks to the examiners of this thesis, Ingrid Leth and Zoe Stephenson for your very valuable comments.

Thank you to Parveen Chahal and Sue Hanson at the School of Psychology for all their help and kindness making things seem so much easier. Thanks to Julianne Kloess for your patience and help in the initial understanding of the stats and to Filipa Alves-Costa for your support and friendship, making me feel a bit at home, so far away.

I am grateful to Luisa Castaldi for the initial conversations at the beginning of this project and all the helpful feedback, to Paula Ascorra for her insight full comments and expert double coding, to Margarita Ibañez for sharing her expertise in codification and the stimulating discussions, to Pia Santelices for the valuable discussions regarding Chilean situation and methodological issues. Thanks also to Reginal Elton for her help with inter rater codification.

Special thanks to Blaise Pierrehumbert, Florence Mbiya Muadi, Dr. Robert McCall, Cristina Groark, Robert Bradley and K. Chisholm for their advice with the measures used in this research.

I am especially grateful to all who made data collection possible, to Regional Children's Services, Children's Homes, Foster Care agencies and Integra pre-schools for giving consent and facilitating the contact with participants. And, sincerely, to all the children, Managers and Carers who participated in this research, for sharing their time and experiences with me; with the hope that this will contribute to the understanding and improvement of the situation of looked-after children.

I would also like to express my gratitude to CONICYT for granting me the scholarship to pursue the studies for the PhD at the University of Birmingham.

Thanks to all my friends who encouraged me, especially to Claudia Castillo and Juan Quiroga and to Carolina Abuauad for their patience and technical support in several stages of this research.

Warm thanks to my father Tomás García, for inspiring me the love for learning and for always believing in what I could achieve and to my brother and all my wide family and in-laws for their support in so many ways.

Last but certainly not least, a huge thanks to Alvaro my partner in this adventure and in life, and to our four wonderful children Pablo, Esteban, Amanda and Alvarito; you bring so much joy and happiness to my life, thank you for understanding my bad moods, enduring my absence and supporting my travels between UK and Chile.

TABLE OF CONTENTS

page

List of Figures v

List of Tables vi

INTRODUCTION 1

Aims 3

Samples 3

Structure of the thesis 5

Ethics 6

Statement of authorship 7

PART I: SYSTEMATIC REVIEW OF THE LITERATURE AND CHILEAN SITUATION

Chapter 1: Systematic Literature Review 8

Chapter rationale 8

Garcia Quiroga, M. & Hamilton-Giachritsis, C. (2016) Attachment Styles in Children Living in Alternative Care: A Systematic Review of the Literature *Child Youth Care Forum, 45,* 625-653. First online: 17 December 2015 pp 1-29. DOI 10.1007/s10566-015-9342-x

Chapter 2: Chilean Situation 9

Chapter rationale 9

Garcia Quiroga, M., & Hamilton-Giachritsis, C. (2014) "In the name of the children": Public policies for children in out-of-home care in Chile. Historical review, present situation and future challenges. *Children and Youth Services Review, 44,* 422–430. doi:10.1016/j.childyouth.2014.07.009

PART II: EMPIRICAL CHAPTERS

Chapter 3: Attachment Based Practices in Residential Care and the role of Managers' beliefs: a study with a sample of Children's Homes in Chile 10

Chapter rationale 10

Introduction 11

Method 14

Results 17

Discussion 28

Conclusion 32

Chapter 4: Caregivers' Perspectives in Chilean Residential Children's Homes 34

Chapter rationale 34

Garcia Quiroga, M. & Hamilton-Giachritsis, C. (2016). "Getting Involved": A Thematic Analysis of Caregiver's Perspectives in Chilean residential Children's Homes**.** *Journal of Social and Personal Relationships* (early online view) 1-20. DOI: 10.1177/0265407516637838

Chapter 5: 'Transitional Mothers' or 'Keepers'?: Diverse Caregivers' Perspectives in Chilean Non-Kinship Foster Care. 36

Chapter rationale 36

Abstract 37

Introduction 38

Method 39

Results 41

Discussion 53

Conclusion 58

Chapter 6: Attachment Representations and Socio-emotional difficulties in Alternative Care: A comparison between Residential, Foster and Family Based Children in Chile. 59

Chapter rationale 59

Abstract 60

Introduction 61

Aims 63

Method 64

Results 69

Discussion 75

Conclusion 78

Chapter 7 The Crucial Role of the Micro Caregiving Environment: Factors Associated with Attachment styles in Alternative Care in Chile 80

Chapter rationale 80

Abstract 81

Introduction 82

Method 84

Results 91

Discussion 98

Conclusion 101

Chapter 8: General Discussion 103

Discussion of aims 103

Limitations 107

Implications for policy and practice 108

Directions for future research 110

Conclusion 111

APPENDICES 112

APPENDIX 1 Questionnaire for Managers 113

APPENDIX 2 Participant Information Sheet (Managers) 120

APPENDIX 3 Participant Consent Form 122

APPENDIX 4 Participant Information Sheet (Carers) 123

APPENDIX 5 Focus Groups Schedule 125

APPENDIX 6 Indiscriminate Friendliness Interview (IF5) 126

APPENDIX 7 Strength and Difficulties Questionnaire (SDQ) 127

APPENDIX 8 Questionnaire for Carers 128

APPENDIX 9 Caregiver-Child Socio Emotional Relationship Rating Scale (CCSERRS) 134

REFERENCES 135

LIST OF FIGURES

Introduction

Figure 1. Studies forming part of this research 5

Chapter 4

Figure 4.1 Proposed Model of Caregivers' experiences in Residential Care 35

Chapter 5

Figure 5.1. Shared and distinctive experiences amongst two groups of carers 42

Chapter 6

Figure 6.1. Percentages of attachment styles categories by type of placement 70

Figure 6.2. Mean scores in security and disorganisation by type of placement 71

Figure 6.3. Mean scores in indiscriminate friendliness by type of placement 72

Figure 6.4. Mean scores in SDQ total difficulties scale by type of placement 73

Chapter 7

Figure 7.1. Comparison of total CCSERRS mean scores between attachment classifications 94

Figure 7.2. Factors affecting security in attachment 97

LIST OF TABLES

Chapter 1*

Table 1. Description of key methodologies in the studies 631*

Table 2. Main findings regarding attachment, limitations and QA 637*

Table 3. Distribution of attachment styles in children living in institutions 642*

Table 4. Distribution of attachment styles in children living in foster care 642*

Table 5. Factors affecting the quality of attachment 644*

Chapter 2*

Table 1. Overview of world situation of children in out of home care 423*

Table 2. Children in alternative care in Latin American countries 424*

Table 3. Children in residential and foster care by age (Chile) 427*

Table 4. Recommendations for alternative care for Latin America and Chile 429*

Chapter 3

Table 3.1. Characteristics of children's homes participating in this research 19

Table 3.2. Characteristics of children 20

Table 3.3. Characteristics of staff 21

Table 3.4. Managers' beliefs 25

Table 3.5. HOME scores 26

Table 3.6. Correlations between Managers' beliefs and sensitivity 27

*****Tables in chapters 1, 2 and 4 form part of published articles within this Thesis, therefore they retain their original pagination.

Chapter 4*

Table 1. Characteristics of residential homes 4*

Table 2. Implications for policy and practice 17*

Chapter 5

Table 5.1. Implications for policy and research 57

Chapter 6

Table 6.1. Distribution of attachment styles by type of placement 69

Table 6.2. Distribution of SDQ total difficulties categories by type of placement 73

Chapter 7

Table 7.1. Analysis of variance (ANOVA) between children's attachment classifications in caregivers' CCSERRS subscales 94

Table 7.2. Pearson correlation coefficients between caregiver's CCSERRS and attachment security scores in children 95

Table 7.3. Multiple regression model for security 97

***** Tables in chapters 1, 2 and 4 form part of published articles within this Thesis, therefore they retain their original pagination.

Introduction

A large body of research has been conducted regarding the importance of a child's development of attachment to significant figures in early life. These studies started with Bowlby (1958, 1973, 1988) who identified the natural disposition of human beings for the establishment of a close relationship with a particular figure to whom the infant turns when in need of protection and emotional comfort (termed 'attachment') and the impact of this relationship with a primary carer in the child's future development. Major disruptions in this attachment, which can result from trauma and loss, have significant (usually negative) impacts on the child. Thus, attachment is a key consideration for children who are placed in some form of alternative care.

Attachment styles

The field progressed through consideration of the different *qualities* of attachment relationships, with Ainsworth (1978) referring to three categories (i.e., secure, avoidant and ambivalent). A fourth category – disorganised (described by Main, 1986) is usually linked to experiences of severe maltreatment (frightening behaviours) or caregiver's past unresolved trauma (frightened behaviour; Main & Hesse, 1990).

A key concept to understanding the development of attachment is the *sensitivity of the caregiver*: the availability and contingent/consistent responses to the child's needs, which are linked to an infant's sense of security (DeWolff & van IJzendoorn, 1997). Recurrent patterns of sensitive caregiving are structured as secure representations (internal working models; IWM) of attachment, while unavailable, non-responsive patterns build avoidant IWM and inconsistent, anxious patterns are internalised as ambivalent IWM. From this representational level, the child interprets and predicts behaviours and situations, constructs a vision of himself, significant others and his relationships (Bretherton & Munholland, 1999). IWM therefore,

organise cognition, memory, and emotions and guide a child's behaviour. However, although IWMs have a tendency to stability through life, they are not static and may be influenced by developmental changes (Marvin & Greenberg, 1982), a 'crisis of transition' in the family (Marvin & Steward, 1990) and/or changes in caregiving (Ainsworth, 1990).

Attachment figures

Initial studies of attachment focused on family contexts, first considering only the maternal figure, and later on introducing the father as an important figure from a triadic perspective (Baldoni, 2010; Clark-Stewart, 1978). More recently, additional figures (e.g., pre-school caregivers, day carers, etc.) have been incorporated as having a significant role in children's IWM construction (Santelices & Pérz, 2013). Therefore, the concept of multiple attachments acquired importance: the ways different significant figures influence children's attachment styles, the role each figure has and how they are interrelated (van IJzendoorn, Sagi, & Lambermon, 1992). In this context, research began to focus on children placed in alternative care (AC), as well as adopted children. In particular, studies followed children adopted after initial institutional care to explore attachment styles with adoptive parents (Bakermans-Kranenburg et al., 2011; Rutter, 2006).

More recently, studies have started to explore the relationships children establish with their temporary caregivers in residential care (RC) or foster care (FC) *while* the child is still living in these settings. However, these are limited. Additionally, most of the research in attachment in AC has been conducted in Europe and USA; thus, there is a lack of knowledge about alternative care settings in Latin America, yet in some (e.g., Chile) important changes to the care system are being discussed. Thus, there is a need for additional research in a broader range of countries (including Latin America) to allow for any potential impact of cultural

variations on outcome, which may not be apparent when comparing studies from different countries (e.g., comparing outcomes of foster children in Europe with children living in RC in Africa).

Aims

Therefore, the main aim of this thesis was to study attachment representations and related factors in children living in AC and their temporary caregivers in Chile. A secondary aim was to consider the difference with children under parental care. To achieve these aims, the specific objectives were:

1 - To review the existing body of research regarding attachment in alternative care.

2- To review the Chilean situation of Looked-After Children.

3 - To explore the experiences of Carers working in RC and FC in Chile and the relationship they establish with the children.

4 - To study the attachment representations of children living in RC and FC in Chile, compared with children living in parental care.

5 - To determine whether there are differences between different types of AC, in relation to attachment representations.

6 - To explore the relationship between the representations of attachment and some possible related factors (children's, carers' and institutional factors).

Samples

Due to the lack of studies on attachment conducted in different care settings (residential, foster, parental) in the same country which could enable comparisons between settings, and a

lack of studies regarding attachment in AC in Latin America and Chile, all samples were collected in Chile. As outlined in Figure 1, there were three sources of data to achieve the thesis aims:

Level 1: Managers' questionnaires sent to 17 Residential Children's Homes to explore its characteristics, practices and Managers' beliefs.

Level 2:

(A) Observational measures and questionnaires for carers were conducted in eight Residential Homes and five Foster Care programs that cared for children aged 3 to 7 years old. Observations were conducted to collect information regarding the children, carers and settings (*n*=29 female residential carers; *n*=16 female FC), specifically, quality of care and child:caregiver interactions.

(B) Focus Groups and interviews with carers were also conducted to explore their experiences and views (*n*=43 residential carers; *n*=14 FCs).

Level 3: This in-depth study included assessment of children's attachment representations with a doll play procedure. These were conducted in the same eight residential and five foster care programs with children that met the inclusion criteria (3-7 years old, no severe disability and at least 6 months in placement). For comparison, a control group was also collected, using children of a similar age, living with both parents in the same geographical area (PC). A total of 77 children participated in this part of the study (RC=36; FC=21; PC=20).

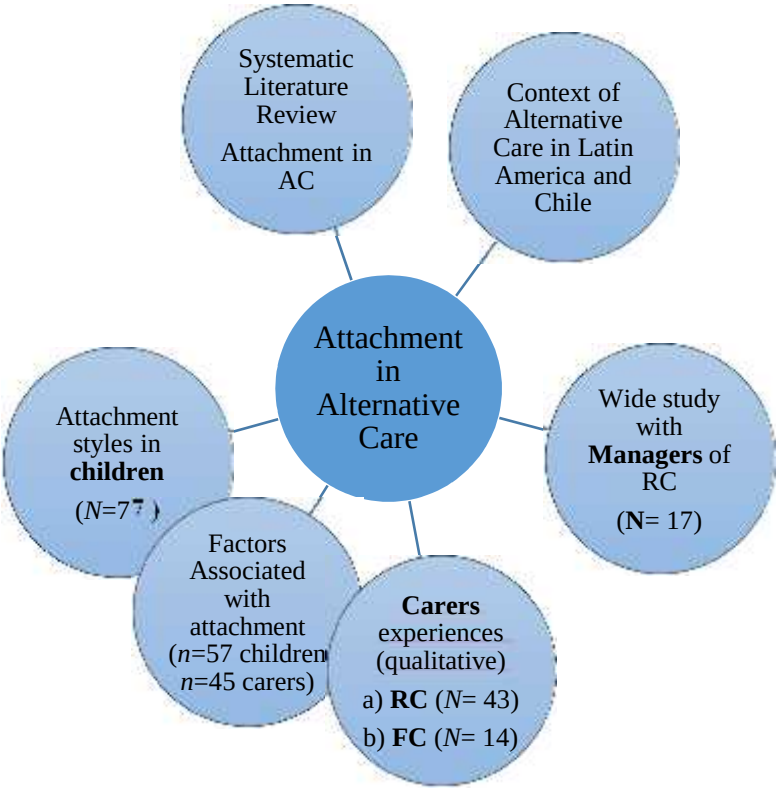


Figure 1

Studies forming part of this research

Structure of the thesis

This thesis is divided in two parts, part I consists of two review/contextual chapters that provide the context for the empirical studies. Chapter 1 presents a systematic literature review regarding studies of attachment in AC and chapter 2 presents the overview of the situation of children in care in Latin America with a focus on Chile.

Part II presents five empirical chapters based on the studies that were conducted in Chile: Chapter 3 explores attachment based practices and Managers' beliefs in Children's Homes. Chapters 4 and 5 present the results of qualitative studies with carers working in RC and FC, respectively. Related to children, chapter 6 presents the results of a study of attachment styles in children living in RC, FC and PC, while chapter 7 explores factors (i.e., children's, caregivers' and structural) associated with those attachment styles. These two last chapters were based on quantitative methodology and included questionnaires plus detailed in-depth observational measures. Finally, a general discussion is presented in chapter 8 in order to integrate the results of all the previous chapters.

Ethics

Children's welfare was the main consideration throughout the design and implementation of all stages, including the selection of measures and methods. Informed consent, the right to not participate and confidentiality was ensured in all the studies which compose this thesis. The STEM ethics committee at the University of Birmingham (ERN 13-1187/131187A) gave consent for all parts of this research project. Additionally, in Chile, local approval was gained from the Regional Children's Service and each manager or management team.

Statement of authorship

Chapters 1-7 have material which has been published or submitted in academic journals. Therefore, each chapter has an introduction, methods and discussion sections. Some repetition and overlap of material is unavoidable, although efforts have been made to maintain this to a minimum and the material has been phrased differently on each occasion.

Authorship in each chapter describes collaborative work, however in order to clarify roles: I designed and conducted all studies, collected data from participants in residential, foster and parental homes, and analysed the qualitative and quantitative data. I am the primary author on all chapters. My supervisor Catherine Hamilton-Giachritsis is co-author on all chapters; she provided expert advice on the design and ethics of the studies, discussion of quantitative and qualitative data analysis (including an expert role on iterations of qualitative coding and visualisation), and valuable manuscript revision. Paula Ascorra is a co-author on chapter 5, due to double coding of carers' interviews and valuable manuscript feedback. Chapter 6 is co-authored by Margarita Ibañez who provided expert double-coding for the children's observational data.

PART I

Chapter 1

Attachment styles in children living in alternative care:

a systematic review of the literature

Chapter Rationale

This chapter aimed to review the existing studies that considered rates of different attachment styles in children living in AC (residential and foster) in order to establish the existent gaps in research and provide directions for the empirical chapters of this thesis.

Chapter 1 was published in *Child and Youth Care Forum* in 2016. The manuscript is authored by Manuela Garcia Quiroga and Catherine Hamilton-Giachritsis. The paper was published with open access at Springerlink.com and, as such, there is permission to be used in this thesis.

Child Youth Care Forum (2016) 45:625–653
DOI 10.1007/s10566-015-9342-x

ORIGINAL PAPER

Attachment Styles in Children Living in Alternative Care: A Systematic Review of the Literature

Manuela Garcia Quiroga[1] · **Catherine Hamilton-Giachritsis**[1,2]

Published online: 17 December 2015

Abstract
Background A large number of children are currently living in Alternative Care. The relationship they establish with their temporary caregivers can play a significant role in their development. However, little has been published regarding attachment with *temporary Caregivers*.
Objective The aim of this review is to analyse the existing published studies regarding attachment styles in children *living in alternative care* (Children's Homes and Foster Care). The review analyses rates of attachment styles and associated factors (including characteristics of settings, children and caregivers) in both settings.
Methods A systematic literature review was conducted searching electronic databases for peer reviewed publications in different languages. Studies considering attachment in children living in Children's Homes or Foster families at the time of the study were included.
Results Overall, 18 articles reporting 13 studies met the inclusion criteria. The results are presented in terms of characteristics of the studies, rates of attachment in different settings and possible mediating factors. Implications for practice and research are discussed.
Conclusions Attachment styles in children living in alternative care differ from those observed in children living with biological or adoptive families, however several factors can mediate this outcome (including characteristics of settings, children and caregivers). Most research has been conducted in Europe and USA. Therefore, further research is needed in less developed countries in order to guide local policies for better care.

Keywords Attachment · Alternative Care · Institution · Foster care · Children's Homes · Caregivers

✉ Manuela Garcia Quiroga
psmanuelagarcia@gmail.com

[1] School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK

[2] Present Address: Department of Psychology, University of Bath, Claverton Down, Bath BA2 7AY, UK

Introduction

The importance of Attachment in children's development has been widely studied and there is strong evidence about the impact of the relationship a child establishes with his primary caregivers on different developmental areas (i.e., cognitive, physical, emotional and social; Main et al. 1985; Sroufe 2005). Whilst the study of attachment was initially centred on the mother–child bond (Bowlby 1979), it was later developed to include the concept of multiple attachments, such as with the father, kin and day carers (Rutter et al. 2007; Santelices and Pérez 2013). This is particularly important to consider for orphans, abandoned children and those who are removed from their families for protection or other reasons (such as poverty, gender, disability or age of mother in different countries) and are taken into some form of 'Alternative Care' (AC)—either in Children's Homes or foster families. The relationship that these children establish with their temporary caregivers has the potential to perpetuate or change previous attachment patterns. Yet, despite the importance of these relationships, only more recently have studies in attachment considered samples of children living in Children's Homes or foster families *when* the studies were conducted. Given the likely impact of these relationships with Caregivers, having a clear understanding of these attachments and the factors that might impact upon them seems to be very important.

Alternative Care

As well as those children without parents, an important number of children around the world have been removed from their families for several reasons, often for protection but also sometimes due to social or economic factors (E. C. Daphne Programme 2005). These children may be placed in Children's Homes or foster families for different lengths of time before being adopted, returned to their biological families or even staying in Alternative Care until they reach adulthood.

The negative impact of institutional care on future development has been widely studied, with this impact shown to be stronger in the first 3 years of life (see Hamilton-Giachritsis and Garcia Quiroga 2014, for an overview of Institutional care). International recommendations on AC (United Nations, Guidelines for the Alternative Care of Children 2009) highlight the need to close institutions and develop foster care programs. However, whilst this process has begun in many countries, the implementation has been complex and several studies have revealed important difficulties with the placement of children in foster care, such as lack of motivation to foster due to cultural reasons, difficulties in supervision and support for foster parents leading to breakdowns and instability in placements and the overwhelmed foster care systems (Maluccio et al. 2006; Mapp 2011; UNICEF 2010).

Whilst in an ideal world institutional care would be phased out entirely, worldwide rates of child family maltreatment, street children and those being exploited, combined with children orphaned due to wars, natural disasters and health epidemics makes it difficult to find good quality family care for every child. Thus, the most probable scenario is that Children's Homes will continue to exist in some form and it is very important that the environment to which children and youth are moved is significantly better that the environment from which they are removed. Although good quality and stable foster care would be preferred and should continue to be strived for, *in the absence of these*, protection needs to be effectively provided by good quality Children's Homes, utilising research knowledge about how to make these environments as conducive to good child development as

possible. For example, despite a lot of negative outcomes for children living in institutional care being identified in Europe (Johnson et al. 2006), in other parts of the world, children and young people have been shown to have good outcomes following institutional care. One study conducted in five less wealthy nations described no differences in health, emotional/cognitive functioning and physical growth outcomes for Orphans and Abandoned children living in institutional and community-based care (Whetten and the POFO Research Team 2009). Alongside other factors that might impact, it is useful to consider the role of attachment with alternative carers and the impact on likely prognosis and development.

Attachment in Alternative Care

The relationship that children living in alternative care establish with their temporary caregivers has the potential to either perpetuate or change the previous patterns of attachment the child had built up with prior caregivers (biological parents or other previous placements). In alternative care, children also need to process their losses and previous traumatic experiences; thus, an adequate and sensible caregiver can become a secure base to the child in order to build up a relationship that can help in this process. Potentially, having the experience of a secure attachment can lead the way to future positive attachments with adoptive or biological parents. Yet attachment between the child and the caregiver is often discouraged as a way to "protect" the children from the pain of future separations, thereby limiting the possibility of change in the internal working models of these children.

In 1999, Smyke, Dumitrescu and Zeanah conducted a study in a Romanian institution with three groups: (a) a 'typical' unit; (b) a pilot unit with fewer adults caring for each child, giving greater stability in care; and (c) a control group of never institutionalised children. They found significantly higher rates of Reactive Attachment Disorder (RAD) in children in the typical unit than in the other two groups. Notably, children described as 'their favourite' by a caregiver had lower rates of attachment disorders (Smyke et al. 2002).

On a positive note, the St. Petersburg-USA Orphanage Intervention Study (2008) found that improvements in institutional care can have a significant impact on a wide range of areas of development, including child–caregiver relationship and attachment. An intervention based on structural changes (smaller groups and fewer changes of caregivers) and training (with a socio-emotional perspective) proved to have a wide impact on children's' development. Similarly, two intervention studies in Latin America found that staff training led to an improvement in caregiver–child interactions, with warmer and sensitive response impacting positively on children's development (Lecannelier et al. 2014; McCall et al. 2010). Hence, the importance of child–caregiver interactions is clear.

An interesting review by Bakermans-Kranenburg et al. (2011) looked at attachment and emotional development in institutional care, and included studies both with children living in institutions and post adoption studies. The authors underlined the importance of considering some specifics when studying attachment in these contexts. In particular, they highlighted the need to take into account the possible lack of a specific attachment in some children reared in institutions due to limitations in developing a stable relationship with a specific Caregiver, where this lack of attachment formation can be misunderstood as disorganised attachment (e.g., with the Strange Situation Procedure. They propose the use of an attachment formation rating scale in these context. The review also discusses the concept of indiscriminate friendliness, and the nature of it in institutional settings, stating that it may respond to different factors than those observed in family contexts. The authors

highlight the need for further study considering quality of care at the micro caring environment.

However, although the Bakermans-Kranenburg et al. (2011) review did include some important studies of children within institutions, its main focus was the analysis of methodological issues regarding the assessment of attachment disorders, indiscriminate friendliness and attachment formation in these settings, as well as the development of attachment following adoption. Thus, it did not analyse rates of attachment styles found in studies conducted while children were still living in residential settings, and it includes both studies of institutionalised and post adoption children but no study of foster care. Its main aim was to discuss emotional development in institutional care or post adoption.

In summary, little has been published regarding studies with a focus on rates of attachment styles (secure, avoidant, anxious and disorganised) in children *living* with their temporary caregivers at the time of the study. Temporary (paid) caregivers are likely to differ significantly to those who chose to adopt a child from an institution, but have a key role to play in enabling a child's recovery. In summary, the fact that most studies and reviews include post-adoption samples as well as children living in institutions makes it difficult to describe the specific relationship children establish with their temporary caregivers, as opposed to adoptive parents.

Objectives

Therefore, this review aims to describe and analyse the research that has been published regarding studies of attachment styles with children living in foster care or Children's Homes. It is the first review with a focus on *attachment to temporary caregivers* exclusively considering studies of attachment styles with children living in alternative care at the time of the study. Specifically, a comparison between two different types of AC settings (Institutional and Foster Care) is made. This is considered an important point as many countries are moving from institutional care to foster care. The review includes rates of attachment and aims to provide an integrated analysis of different factors affecting the quality of attachment with caregivers in AC settings. It also provides a critical review of methodological issues and suggestions about future research on this topic. This review considers studies conducted from 1987 to 2013, in order to evaluate developments in the research. The specific hypotheses to be considered were:

1. There will be differences in the attachment styles of children living in biological families, institutional and foster care respectively.
2. Children living in foster care will have more positive attachment representations compared to children still living in institutional care.
3. In both institutional settings and foster homes, the quality of attachment (i.e., security) will be related to a number of mediating factors, including higher sensitivity of caregiver, higher quality of caregiving, younger age at placement and motivations of caregiver.
4. There will be differences between countries and between different types of institutions and foster care programs, regarding rates of attachment styles.
5. Methodological challenges in the study of attachment in alternative care contexts will also be reviewed.

Method

Design

A standard Systematic Literature Review methodology was employed. This included a search strategy based on inclusion and exclusion criteria according to population, exposure, comparator and outcomes (PECO), followed by Quality Assessment (QA) according to the type of study (case–control, cross sectional, randomised control trial or longitudinal). QA criteria looked for *selection bias*, *performance and assessment bias*, and *attribution bias* (coding strategy: yes = 2, partly = 1 and no = 0). When the item was coded as unsure, more information was searched for (i.e., additional information not reported in the articles but stated in other publications and contacts with the authors when possible), to gain the final QA score.

Search Strategy

The search of published articles was conducted with different databases (PsycInfo 1987–2013, Medline 1996–2013, Web of Science, ASSIA, Scielo, ChildLink!, Embase 1996–2013). The following search terms (with appropriate Booleans and truncations, plus English and American spellings) were used: attachment, attachment behaviour, attachment theory, attachment disorders, attachment style, attachment representations, bonding, foster children, foster care, foster parents, alternative care, out of home care, residential care, institutional care, abandoned children, children's homes, family-type home and orphanages.

Different languages were included in the search (English, French, Portuguese and Spanish articles were considered). Experts were contacted for suggestion on relevant articles in the topic. In addition, a search for grey literature on the web was conducted and the reference lists of relevant articles were hand checked. The inclusion criteria considered:

- Population: Children aged 0–17 years
- Exposure: Children living in alternative care (institutions and foster families) at the time of the study for a minimum of 2 months.
- Comparator: General population 0–17 or no comparison group.
- Outcome: Measures of attachment styles in children living in Alternative Care.

The exclusion criteria were: studies of adoption, studies of adulthood after AC, studies of specific psychopathologies (i.e., Autism, special needs, developmental problems, pre-natal exposure to drugs), studies of children previously institutionalised or fostered but then with adoptive or birth families, studies measuring attachment only in carers and studies that evaluate the impact of specific interventions (other than when the intervention is placement in a Foster Care Program). This review focused on empirical papers, therefore well-known reviews were not included (e.g., van den Dries et al. 2009).

This search generated a total of 634 articles. Following the inclusion criteria and after removing duplicates, 147 articles remained based on the title. A further 112 were excluded based on the abstract, leaving 35 to be read in full, of which 17 were excluded. Thus, 18 articles were selected for the literature review, which reported on data from 13 studies.

Quality Assessment and Inter-Rater Reliability

All the articles had a QA score of 50 % or more, with the majority of them having 70 % or more. A decision was made to include all of them in the review in order to better represent

all the different studies in the topic and to be able to give a more culturally diverse view of existing research. For inter-rater reliability, 20 % of the articles were double coded (cronbach alpha = .967); differences between coders were discussed and a consensus reached.

Ethics Statement

This study does not include primary data, thus, no ethics approval was applicable. There are no conflict of interest present in this review.

Conflict of Interest

The authors have no conflict of interest.

Access to Data

The first author takes responsibility for the integrity of the data and the accuracy of the data evaluation and analysis.

Results

Description of the Studies

The 18 articles reviewed were based on **13 studies**. Two studies (The Bucharest Early Intervention Project [BEIP] and Cole) were reported in several different articles considering different topics with the same sample, sub-samples or at follow-up (see Table 1). The **location** of the studies varies; five of the 13 studies were conducted in the USA, four in European countries (France,[1] Greece, Romania and Ukraine), two in Asia (Japan and Israel), one in Canada and one in Africa (D. R. Congo). None of the data of children living in AC (institutions or foster families) was collected in Latin America. Regarding the **settings,** six studies were conducted with children living in institutions and six of them with children living in Foster Care. Only one study considered samples in both institutions and foster care (McLaughlin et al. 2012) and, in that case, the Foster Care program was especially designed for the study.

More than half of the studies (n = 7) had a cross sectional **design**, four were case–control comparing institutionalised with family raised children, only one used a randomised control trial design (BEIP) and only one had a longitudinal design (Bernier et al. 2004).

Children's **ages** varied widely across the studies (6 months–18 years old) making the results difficult to compare. More than half had samples with children younger than 36 months (n = 8), yet no study had exactly the same age range as another. Four other studies had samples of 3–7 year olds with little variation between them, and two considered older children (one 6–14 years; one adolescent sample).

The **measures** of attachment also varied widely, as expected given the variation in ages. Half of the studies used the Strange Situation Procedure (SSP, Ainsworth et al. 1978), but

[1] This study considered a comparison sample of adopted children in Chile but all of the children in the alternative group lived in France Eulliet et al. (2008).

Table 1 Description of the key methodologies in the studies (N = 18)

Study	Article Authors and year of publication	Country	Method	Sample	Institution Size child: caregiver rates	Instruments	Measures
1. Bakermans-Kranenburg et al. (2011)		Ukraine	Case–Control	37 (18 Institution/19 family) 3–6 years old 50 % male 50 % female	Up to 200 children "High" child to caregiver ratio	1. SSP (Ainsworth et al. 1978; Cassidy and Marvin 1992) Mac Arthur coding system 2. Indiscriminate Friendliness Interview (Chisholm 1998) 3. SON-R for cognitive development 4. DNA samples for genotyping	Attachment Styles Indiscriminate Friendliness behaviour Interaction with genotype and type of care
2. a. BEIP (Bucharest Early Intervention Project)	a) Zeanah et al. (2005)	Romania	Case–Control[a] (For report in this article)	145 (95 institution/50 community) 12–31 months 77 male 68 female	12:1 Child to caregiver ratio	1. SSP (Ainsworth et al. 1978) 2. Attachment formation rating (Carlson 2002) 3. DAI (Smyke and Zeanah 1999) 4. ORCE (NICHD 2005) adapted. To assess caregiving environment 5. Bayley Scales and ITSEA for cognitive abilities and behaviour problems	Attachment Styles Attachment formation Attachment Disorders Correlations between attachment and quality of caregiving
b. BEIP	b) Smyke et al. (2010)	Romania	Randomised Control Trial	187 (68 institution/68 Foster Care/51 community) After drop off and exclusions total number 148. 6 to 31 months at recruitment 42 months at assessment	12:1 Child to caregiver ratio	1. SSP (Ainsworth et al. 1978; Cassidy and Marvin 1992) Mac Arthur coding system 2. Bayley Scales BSID-II (1993) 3. ORCE (NICHD 2006) adapted. To assess caregiving environment	Attachment Styles Organization and security of attachment Correlations between attachment and quality of caregiving Effects of age at placement and type of it

Table 1 continued

Study	Article Authors and year of publication	Country	Method	Sample	Institution Size child: caregiver rates	Instruments	Measures
c. BEIP	c) McLaughlin et al. (2012)	Romania	Randomised Control Trial	136 (121 after drop off) 6–30 months (assessments at entry, 42 and 54 months) 68 each gender	No information in this paper (but refers to BEIP)	1. SSP (Ainsworth et al. 1978) at baseline and with Mac Arthur (1992) coding system for pre-schoolers 2. PAPA (Egger et al. 1999) for psychiatric disorders	Attachment Styles Presence of Psychiatric disorders Gender differences
d. BEIP	d) Bos et al. (2011)	Romania	Randomised Control Trial	136 children (half of them remained in IC and other half to FC) 6–31 months at beginning Follow up at 30, 42 and 54 months of age	Institutional Foster Care specially designed for this study	1. SSP (Ainsworth et al. 1978) at baseline and with Mac Arthur (1992) coding system for pre-schoolers 2. Disturbances of Attachment Interview	Attachment Styles Attachment Disorders Other (emotional Reactivity, Brain Development, Psychiatric Morbidity)
3. Bernier et al. (2004)		USA	Longitudinal	24 Foster Children and their carers 1.5–9 months at baseline. 12–22.6 months at follow up 14 male/10 female	Foster Care	1. SSP (Ainsworth et al. 1978) 2. Parent Attachment Diary (Stovall and Dozier 2000)	Attachment Styles Associations between child's initial attachment behaviours and attachment styles at follow up Effects of age at placement

Table 1 continued

Study	Article Authors and year of publication	Country	Method	Sample	Institution Size child: caregiver rates	Instruments	Measures
4. a. Cole, S.	(a) 2005 (Feb.)	USA	Cross sectional	46 children and their carers 10–15 months	Foster Care	1. SSP (Ainsworth et al. 1978) 2. Caregiver Interview Form CIF (Wells and Guo 1999), including: Infant Toddler Symptom Checklist, Minnesota Infant Development Questionnaire, Support Function Scale, Parenting Stress Index and HOME Inventory for quality of care. All imbedded 3. Childhood Trauma Questionnaire	Attachment Styles Caregiver's Factors affecting attachment Quality of care factors affecting attachment
b. Cole, S.	(b) 2005 (Dec.)	USA	Cross Sectional	46 Foster children and their caregivers. 10 to 16 months 21 male/25 female	Foster Care	1. SSP (Ainsworth et al. 1978) 2. Motivations for foster Parenting Inventory (Yates et al. 1997)	Attachment Styles Motivations for Foster parenting Associations between both variables
c. Cole, S.	(c) 2006	USA	Cross Sectional Case Control?	46 infants with kin (12) and unrelated (34) carers. 10–15 months	Foster Care	1. SSP (Ainsworth et al. 1978) 2. Caregiver Interview Form CIF (Wells and Guo 1999), including : Infant Toddler Symptom Checklist, Minnesota Infant Development Questionnaire, Support Function Scale, Parenting Stress Index and HOME Inventory for quality of care. All imbedded 3. Childhood Trauma Questionnaire	Attachment Styles

Table 1 continued

Study	Article Authors and year of publication	Country	Method	Sample	Institution Size child: caregiver rates	Instruments	Measures
5. Dozier et al. (2001)		USA	Cross Sectional	50 children and their carers 12–24 months 29 male/21 female	Foster Care	1. SSP (Ainsworth et al. 1978) 2. AAI (George et al. 1996)	Attachment Styles Caregiver's state of mind Relationship between attachment in children and caregivers Effect of age at placement
6. Eulliet et al. (2008)		France (Foster) Chile (adoption)	Cross Sectional	36 Foster Children 25 Adopted Children 1.6–5.6 years old 15 male/21 female 12 male/female (adopted)	Foster Care and Adopted	1. ASCT (Bretherton et al. 1990) CCH Q-Sort (Miljkovitch et al. 2003)	Attachment Styles Narratives characteristics (Expression of emotions, symbolic distance, etc.) Effect of age at placement
7. Howes and Segal (1993)		USA	Cross Sectional	16 children 8 caregivers 16–36 months 8 male 8 female	"Small" size (no information on number) 3/4 .5 :1 Child to caregiver ratio Low staff turnover	1. AQS Attachment Q set (Waters and Deane 1985) 2. Arnett Scale (1989) for caregiver's sensitivity	Attachment Styles Sensitivity of caregivers Time in placement as mediating factor
8. Katsurada, E.		Japan	Case–Control	32 (16 institution/16 family) 4–6 years old 12 male 20 female	No information	1. Attachment Doll Play Classification System George and Solomon (1995) of the Bretherton et al. ASCT	Attachment Styles
9. Muadi et al. (2012)		R.D. Congo (Kinshasa)	Case–Control	84 (42Institution/42 family) 4– 7 years old	10:1	1. ASCT (Bretherton et al. 1990) CCH Q-Sort (Miljkovitch et al. 2003) 2. Thematic Analysis	Attachment Styles Other factors mediating attachment

Table 1 continued

Study	Article Authors and year of publication	Country	Method	Sample	Institution Size child: caregiver rates	Instruments	Measures
10. Moore and Palacio-Quintin (2001)		Canada	Cross Sectional	26 children 14–18 years old 16 male/10female	Foster Care	1. IAPA (Armsden and Greenberg 1987) 2. A-COPE (McCubbin and Pallerson 1983)	Attachment Security/ Insecurity with Foster parents and Biological parents. Comparisons Relation to coping capacities
11. Ponciano Leslie (2010)		USA	Cross sectional	76 child-foster carer dyads 9–39 months	Foster Care only	1. AQS Attachment Q-Sort (Waters and Deane 1985) 2. Maternal Behaviour Q-Sort (Pederson et al. 1990) 3. Carer Interview	Attachment Styles Maternal Sensitivity Adoption Status and Foster mother experience
12. Shechory and Sommerfeld (2007)		Israel	Cross Sectional	68 6–14 years old 47 male 21 female	No information	1. Attachment Style Classification Questionnaire (Hazan and Shaver 1987) adapted 2. CBCL for behavioural assessment	Attachment Styles Aggressive behaviour Effect of Home leaving age
13. Vorria et al. (2003)		Greece	Case-Control	128 children (86 institution/42 family) 65 caregivers 11–17 months 63 male 64 female	100 children 4/6:1 Child to caregiver ratio	1. SSP (Ainsworth et al. 1978) 2. CCTI (Plomin and DeFries 1985) for temperament 3. Bayley Scales BSID-II (1993) for cognitive development 4. PCIS (Farran et al. 1986) for maternal sensitivity 5. McCartney (1996) observational coding system. For social behaviour 6. ECERS (Harms and Clifford 1980) for quality of care	Attachment Styles Sensitivity of caregivers Quality of care Cognitive Development Temperament Socio emotional behaviour Relationship between variables

[a] Although BEIP study had a RCT design, this article reports measures for institutionalised and community children at baseline. Thus it is classified as case–control

with different coding systems according to the age of the sample. Three studies used the Attachment Story Completion Task (ASCT; Bretherton et al. 1990), but one of the three considered only three of the stories (George and Solomon 1995). A further two studies used the AQS (Waters and Deane 1985) and the remaining two studies used different measures (Table 1).

All the studies reported results in terms of rates, percentage or number of children classified in the different Attachment Styles (as this was considered an inclusion criteria). However, studies varied in the number of categories considered, with some of them reporting only secure/insecure rates, while others considered the distribution across the four main categories ABCD (Avoidant, Secure, Anxious-ambivalent and Disorganised). Most of the studies describe some *factors affecting attachment,* such as age at placement, type of placement, characteristics of the caregivers (motivation, sensitivity, state of mind, childhood trauma), genetic mediators, and quality of caregiving. Some studies include measures in other areas (i.e., cognitive development, psychiatric morbidity).

Overview of Findings

For a summary of main findings in each study plus reports on the limitations and Quality Scores (QA), see Table 2, with specific rates of attachment styles listed in Table 3 (institutional care) and Table 4 (foster care).

Attachment Styles in Institutional Care

Overall, the distributions of the different attachment styles in children living in institutions have been shown to have lower rates of secure and higher rates of disorganised attachment than those observed in children living with their biological parents in the general population (Bakermans-Kranenburg et al. 2011; Katsurada 2007; Muadi et al. 2012; Zeanah et al. 2005). Table 3 summarises the distribution of attachment styles in the eight papers reporting seven studies of children living in institutions. Results show wide differences between studies, the mean rate of secure attachment was 26 % (median = 25.9, range 0–47 %), avoidant 23 % (median = 24.8, range 2.5–55.5 %), ambivalent 11.8 % (median = 10.6, range 0–26 %) and disorganised 43.6 % (median = 48.6, range 5.3–65.8 %). The high rates of disorganised attachment in children living in institutions may be a response to conditions that hinder the construction of an organised attachment. As suggested by some authors, the disorganisation in attachment patterns in these settings may not reflect the same processes as in family settings (where parental abuse or a carer's unresolved status due to loss or trauma may be the key). In institutions, disorganised attachment may just reflect the lack of opportunity for the formation of an organised attachment due to the limited resources, such as single caregiver for many children, the shift system and staff changes (Bakermans-Kranenburg et al. 2011).

The Howes and Segal (1993) study found higher rates of attachment security compared to other studies. Notably, the institution in this study appeared to be of good quality and stability of caregiving (good child: caregiver ratio, low staff turn-over, small size), which may explain the higher secure attachment. This is consistent with results shown in the main intervention study, conducted by St. Petersburg-USA intervention project (2008). It also reflects the fact that institutions can vary widely in their quality of care and that these variations can have a strong impact on emotional development and attachment. Thus, not all institutions are the same and have the same outcomes.

Table 2 Main findings regarding attachment, limitations and QA

Study	Main results	Limitations/possible bias	QA (%)
1. Bakermans-Kranenburg et al. (2011)	Institutional sample: 10 (55.5 %) Avoidant 5 (27.7 %) Secure 0 (0 %) Resistant 3 (16.6 %) Insecure other No significant main effect of type of care or genotype in continuous attachment disorganisation Interaction between 5HTTLPR and type of care significantly predicted attachment disorganisation (SS or SL genotype in Institutionalised children	Small sample size/sub groups Quasi-experimental design Other confounds (conditions previous to institutional care, mothers were substance users)	62.5
2. a. BEIP (Bucharest Early Intervention Project) Zeanah et al. (2005)	Institutional sample 18.9 % secure (74 % control), 3.2 % avoidant (4.0 % c), 0 % resistant (0 %), 65.3 % disorganized (22 %) 12.6 % unclassifiable 22 % of children in institutions had organized attachments strategies with their favourite caregiver (78 % of community children had) 12.6 % of institutionalized children showed so little attachment behaviour that were deemed "unclassifiable" No relation between length of institutionalization and signs of RAD No differences between the organized and disorganized children in relation to the quality of Caregiving but significant differences with the "unclassified" group who received poorer quality of care The only measure that significantly predicted attachment rating (0–5) in institutionalized sample was quality of Caregiving. Also associated with the organization of attachment In the institutionalized group only, quality of Caregiving was associated to RAD inhibited scores but unrelated to RAD disinhibited scores	In Scale for attachment formation, they propose a "tentative" cut off point Institutions with poor child caregiver ratios may be not representative of institutions in another countries Cross sectional design Coders not completely blind	70
b. BEIP Smyke et al. (2010)	CAU (I) / FC / Community Secure 17.5 / 49.2 / 64.7 Avoidant 24.6 / 19.7 / 11.8 Ambivalent 12.3 / 8.2 / 13.7 Disorg. 5.3 / 13.1 / 9.8 Insec. other 40.4 / 9.8 / 0 No gender differences in classification but in FC sample more girls were organised at 42 months Main effect of group for security ratting (first community, then Foster Care and finally CAU/Institutional sample) No associations to Quality of Caregiving Foster Family placement causally related to improvement in children's attachment status	Foster Care program especially designed. May be not representative of other foster care Institutional characteristics (same as a) Assessment at 42 used a different coding system than at baseline (and variations were seen in all groups not only in FC)	75
c. BEIP McLaughlin et al. (2012)	Same as BEIP b. but presents gender differences at 42 months: Females FC 63.3 % and IN 12.1 % secure ($p < .001$*) Males FC 35.3 % and IN 20.7 % secure ($p = .205$) Boys and girls with secure attachment had lower levels of internalising symptoms.	Characteristic of institutions (as previous) and Foster Care program limits generalisation of results	75

Table 2 continued

Study	Main results	Limitations/possible bias	QA (%)
d. BEIP Bos et al. (2011)	Secure attachment: 65 % Never Institutionalised, 49 % Foster Care 18 % in Care as Usual Institutional Fewer signs of inhibited RAD in FC and NI Significant differences between groups in disinhibited RAD only at 42 months Indiscriminate Behaviour more common in Institutionalised, followed by FC and lastly NI Placement in FC before 24 months increased security in attachment and the earlier children were placed, the more organised their attachment was	Characteristic of institutions (as previous) and Foster Care program limits generalisation of results	75
3. Bernier et al. (2004)	Attachment in Foster Care: 45.8 % Secure 4.2 % Avoidant 8.3 % Resistant 41.7 % Disorganised Age at placement: Less security when placed older Older children displayed less proximity and less contact maintenance Inconsistency in child's initial attachment behaviours immediately after placement predicted the development of a disorganised attachment Secure attachment behaviours at placement positively related to proximity seeking in SSP Avoidant behaviours in first days negatively related with contact maintenance in SSP	Small sample size Mother reported child initial behaviours (not direct observation)	73
4. a. Cole, S. 2005 (Feb.)	Attachment in Foster Care: 67 % Secure 4.3 % Insecure Avoidant 0 % Ambivalent 28 % Disorganised/Disoriented/Cannot classify Caregiver's Trauma as negative predictor for security of attachment. Learning materials as positive predictor for security of attachment Caregiver's sensitivity as negative predictor (over-involvement)	Self-selected sample. No information about those that refused to participate (only 69 of 172 agreed, 48 completed) Relatively small sample size Caregiver's Sensitivity was measured using a sub scale of HOME inventory and not a specific instrument	77.2
b. Cole, S. 2005 (Dec.)	Attachment in Foster Care (same as reported in previous article a), same sample). Foster Caregiver's Motivations are related to Infant's Attachment: Positive predictors for secure attachment were: Desire to increase family size (significant $p = .031$) and social concern for caregiver's specific community Predictors for Insecure attachment were: spiritual expression, desire of adoption and replacement of a grown child	Self-selected sample (as previous) Retrospective design (memory about initial motivations can change)	72.7

Table 2 continued

Study	Main results			Limitations/possible bias	QA (%)
c. Cole, S. 2006	Attachment in Foster Care (same as reported in a) but analysed differences between kin and unrelated FC:			Potential impact of uneven sample size (n = 12, n = 34) Small sub group sample sizes	70.8
		Kin (%)	Unrelated (%)		
	Secure	67	68		
	Insecure	8	3		
	Disorganised	25	28		
5. Dozier et al. (2001)	Attachment in Foster Care: 52 % Secure 6 % Avoidant 8 % Resistant 34 % Disorganised Significant association between caregiver's state of mind and infant attachment Non autonomous and dismissing Foster Mothers tended to have children with disorganised attachment Secure/Autonomous Foster Mothers tended to have secure children			Older children assessed with SSP (but separate analysis were conducted) Relatively small sample size	72.7
6. Eulliet et al. (2008)	Attachment in Foster Care: 69.4 % Secure 30.6 % Avoidant 0 % Hyper activated 0 % Disorganised No main effect of age at placement			Small sample size No information about sample method No information about double coding or blindness of coders to child status	62.5 %
7. Howes and Segal (1993)	Attachment in Institutional Care: 47 % Secure 44 % Avoidant 9 % Ambivalent (No measure of disorganised) Security in attachment associated with sensitivity of Caregiver Length of placement positive association with security of attachment ($p < .01$) (Institution with indicators of good quality of care)			Small sample size Majority of children in sample had previous placements No double coding for children in the study	63 %@

Table 2 continued

Study	Main results			Limitations/possible bias	QA (%)
8. Katsurada, E.	Attachment in:			Small sample and sub groups Sample method not clearly stated No double coding, no IIR Information about the measure used is not clear In FR sample the high percentage of disorganised (refused to elaborate a story) could be related to confound factors in assessment	50 %
		Institutions (%)	Family reared (%)		
	Secure	0	31.3		
	Avoidant	25	12.5		
	Ambivalent	25	25.0		
	Disorganised	50	31.3		
9. Muadi et al. (2012)	Attachment in:			No detailed information about sampling method and drop out No information about institution beyond the fact that there are one of the "best reputed"	62.5
		Institution (%)	Control (%)		
	Secure	33.3	66.7		
	Insecure Avoidant	4.7	4.7		
	Insecure Ambivalent	14.3	16.6		
	Disorganised	47.6	11.9		
	A factor of Resilience that can promote secure attachment is the establishment of a significant relationship				
10. Moore and Palacio-Quintin (2001)	Attachment in Foster Care to multiple figures 55.5 % Secure with Foster Mother (n = 10 out of 18) 45.5 % Insecure with Foster Mother (n = 8 of 18) 63.1 % Secure with Biological Mother (n = 12 of 19) 36.8 % Insecure with Biological Mother (n = 7 of 19) Attachment to fathers was less secure than attachment to mothers with both biological and foster figures Attachment with mothers was more secure with the biological mother and attachment with father was more secure with the foster figure. However other data presents more positive representations of Foster mothers in comparison to biological parents 6 Adolescents had the same patterns with biological and foster figures and 8 changed their patterns (2 of them building more secure ones with Foster Care and 4 of them more insecure ones) Security in attachment correlates with coping capacity			Small sample size Sample characterised by having regular contact with biological parents, this limits generalisation Evaluation of attachment representations only based in the Adolescent's report in a Likert scale All information processed by researcher no inter reliability Rates of attachment not clearly presented and contradictory information	50 %

Table 2 continued

Study	Main results	Limitations/possible bias	QA (%)
11. Ponciano Leslie (2010)	Attachment in Foster Care: 58 % Secure 11 % Avoidant 9 % Ambivalent/Resistant 22 % Unclassifiable Maternal Sensitivity: More sensitive FC had more securely attached children Less experienced Foster Mothers tended to have more securely attached children Security in attachment was higher in those children whose FC had decided to adopt them Number of children in Care in same house negatively related to attachment security Age was inversely correlated with attachment security Visit from the biological parents were inversely correlated with attachment security	No information about parents that declined participation (self-selection) All measures coded by researcher Most measures based in Foster carer's perceptions	86
12. Shechory and Sommerfeld (2007)	Attachment in Institutional Care: 39.7 % Secure 25.0 % Avoidant 26.5 % Anxious/Ambivalent 9 % Unclassified Main effect of attachment style in Anxiety/Depression scale The aggression levels were higher for children removed before 7 years old with an insecure attachment but lower for children removed at same age but with secure attachment	Only one institution No information about quality of care provided or characteristics of the institution Sample with majority of children with Attention deficit disorder or learning disabilities	59 %
13. Vorria et al. (2003)	Attachment in: Institution (%) / Community (%) Secure 24.1 / 40.6 Avoidant 2.5 / 9.4 Ambivalent 7.6 / 25.0 Disorganised 65.8 / 25.0 Sensitivity in Caregiver's was significantly different between groups in appropriateness and quality No correlation between attachment quality and Caregiver's sensitivity or length of relationship	Potential impact of uneven sample size (N = 86, N = 42) Sample method not clearly stated Control sample not representative of general population. And had low quality day care Moderate inter-ratter reliability for SSP Institution with indicators of low quality of care can affect generalisation of results	70.8

Attachment Styles in Foster Care

In the case of foster care children (Table 4), regardless of quality, all papers except one (Eulliet et al. 2008) found that the distributions of attachment patterns are half way between institutionalised and community children when compared to control samples or general rates of attachment. The mean rate of secure attachment was 56.7 % (median = 55.5, range 45.8–69.4 %), avoidant 12.6 % (median = 8.5, range 4.2–30.6 %), ambivalent 5.58 % (median = 8.5, range 0–8.3 %) and disorganised 23.3 % (median = 28, range 0–41.7 %) (Bernier et al. 2004; Cole 2005a, b, 2006; Dozier et al. 2001; Moore and Palacio-Quintin 2001; Ponciano 2010; Smyke et al. 2010).

Table 3 Distribution of attachment styles in children living in institutions

Country/Age	Attachment style					Instrument	QA (%)
	Secure	Avoidant	Ambival	Disorg	Other		
Greece 11–17 m	**24.1**	**2.5**	**7.6**	**65.8**	–	SSP	70
Romania							
(a) 12–31 m	**18.9**	**3.2**	**0**	**65.3**	**12.6**	Strange Situation Procedure (SSP)	70
(b) 42 m (follow up)	**17.5**	**24.6**	**12.3**	**5.3**	**440.4**	SSP (Mac Arthur)	775
USA 16–36 m	47	44	9	–	–	Attachment Q-Set (Waters and Deane)	63
Ukraine 3–6 years	27.7	55.5	0	27.7	16.6	SSP (Cassidy-Marvin/Mac Arthur) and Scale for disorganised behaviour	62.5
R.D. Congo 4–7 years	33.3	4.7	14.3	47.6		Attachment Story Completion Task ASCT (CCH)	62.5
Israel 6–14 years	39.7	25	26.5	–	9.0	Attachment Style Classification Questionnaire (Hazan Shavers)	59
Japan 4–6 years	0	25	25	50	–	Attachment Doll Play-ASCT (George and Solomon 1995)	50

Table 4 Distribution of attachment styles in children living in foster care

Country/ Age	Attachment style					Instrument	QA (%)
	Secure	Avoidant	Ambivalent	Disorganiz.	Other		
USA 9–39 m	**58**	**11**	**9**	**–**	**22**	Attachment Q-Sort (Waters and Deane)	86
Romania 42 m	**49.2**	**19.7**	**8.2**	**13.1**	**9.8**	SSP (Mac Arthur)	75
USA 10–15 m	**67**	**4.3**	**0**	**28**	–	SSP	75
USA 6–22 m	**45.8**	**4.2**	**8.3**	**41.7**	–	Parent Attachment Diary/SSP	73
USA 12–24 m	**52**	**6**	**8**	**34**	**–**	SSP/AAI	72.7
France 3–5 years	69.4	30.6	0	0	–	ASCT (CCH)	62.5
Canada 14–18 years	55.5	–	–	–	45.5 insecure	Inventaire d'Attachement Parent-Adolescent	50

Three studies appear to be particularly well suited for comparison, as they have samples of similar age and country, and used the same instrument and coding system, i.e., the SSP (Bernier et al. 2004; Cole 2005a, b, 2006; Dozier et al. 2001). Within these three studies, rates of attachment also varied (i.e., disorganised attachment ranged from 28 to 41.7 %).

However, communication with an author revealed that two of the studies shared some of the same sample (Bernier et al. 2004; Dozier et al. 2001); notably, these two had a smaller variation, whilst the third study (Cole 2005a, b, 2006) was quite different. Therefore, the differences may well be methodological.

In summary, the studies in both institutional and foster care have been conducted with different methodologies, with large variations in age range, instruments and the categories of attachment that are included. For these reasons the results cannot always be compared. Furthermore, the levels of deprivation in different institutions and countries can also vary considerably as can the quality of foster care programs making generalisations of conclusions very difficult. Despite this, it is notable that the studies seemed to show a pattern between institutionalised (low rate of secure attachments), foster care (mid-range) and children at home (highest rate of secure attachments).

As a whole, these findings support hypotheses 1 and 2 regarding differences in attachment styles between children raised in biological families, institutions and foster care. As expected, children in institutions develop less secure and more disorganised attachments than those raised in biological families and children living with foster families show levels of security and disorganisation in between the other two groups. However, very few studies consider samples of all these three groups—so comparisons are made with children from different countries and, thus, are limited.

Factors Affecting the Quality of Attachment

Supporting hypothesis 3, some studies have shown important factors mediating the quality of attachment in institutionalised and foster care (Table 5), these include:

Age at Placement Ponciano (2013; highest quality score 86 %), found a significant correlation between age and security of attachment in a sample of Foster Care children aged 9–39 months, with younger children having higher security scores (Ponciano 2010). Similar findings were reported in BEIP: *age at placement* was a factor that mediated the quality of attachment, with more children placed in foster care before 24 months having secure attachments that those placed after that age. Also, the younger the children were when placed in foster care the higher the possibility of them developing an organised attachment (secure or insecure) at 42 months (Bos et al. 2011). These findings support the idea of flexibility and change in attachment at least during the first years of life.

Notably, most of the studies that reported no differences in attachment according to age at placement had samples with an age range of less than 24 months. For example, in the study conducted by Bernier et al. (2004; QA 73 %), attachment classifications of fostered children did not vary with age at placement. However, all participants in this study were infants placed with their caregivers between 6.5 and 19 months of age. Interestingly, children that were older at placement showed less proximity seeking and less contact maintenance in the Strange Situation Procedure than children placed earlier (Bernier et al. 2004). Similar findings were reported by Dozier et al. (2001) in the USA (age at placement: birth to 20 months); by Vorria et al. (2003) in a Greek study (age at placement 11–17 months); and in the Howes and Segal study conducted with 16 children aged 16–36 months old but where most were placed under 24 months old ($M = 18.1$, median $= 16.5$). Therefore, there appears to be a sensitive period of the first 24 months, but with later placements potentially having a negative impact on security of attachment.

Table 5 Factors affecting the quality of Attachment

Factor	Studies describing that factor is related to attachment security	Studies describing No. relation to attachment security
1. Age at placement	**2** (−), **11** (−)	**3***,**5***, 6,7*, **13*** *studies with all children placed before 24 months
2. Number of previous placements		7
3. Length of time in placement	7(+)* *Indicators of good quality of care	**13*** *Indicators of low quality of care
4. Gender	**2b − c*** (+) *Girls in response to change from institutional to Foster care	**13**
5. Genetic Factors	**1*** *In interaction with type of care	
6. Adoption Status	**11** (+)	
7. Contact with Biological Parents	**11** (−)	
8. Organisation of Foster Home and Learning Materials	**4a** (+)	
9. Quality of Caregiving	**2a** (+)* *At baseline	**2b*** *At follow up, had changes in caregiver
10. Number of Children in Foster Care Home	**11** (−)	
11. Caregiver's characteristics		
a. Sensitivity	**11** (+), 7 (+), **4a** (−)* *sample of children with medical fragility	**13*** *Caregivers with low sensitivity scores
b. Childhood trauma	**4a** (−)	
c. State of Mind	**5** (+)	
d. Motivation	**4b**	
e. Experience	**11** (−)	

Numbers in bold are studies with QA 70 % or more

Signs in brackets describe if the relationship between factor and attachment style is positive (+) or negative (−)

ID number of studies according to number used in Tables 1 and 2 for each study

The exception is the Eulliet et al. (2008) study, which did not find any significant differences in attachment security according to age of placement. In this study of 36 foster children aged 3.6 to 5.6 years old (mean age at placement = 22.2 months, SD = 15.06), 88 % of children placed in foster care between 13 and 24 months old had secure attachments to 64 % of children placed after 25 months. However, this difference did not reach statistical significance. Notably, in this study, the sample age was older and they had lived with their foster families for a longer period so other confound factors (e.g., quality of care or characteristics of caregiver) rather than age at placement, could be present and have a stronger impact on attachment security.

Number of Previous Placements Only Howes and Segal (1993) reported on the effect of *number* of previous placements on quality of attachment, finding no significant effect. However, all children in this sample had at least one previous placement so no comparison could be made with children having single placements.

Length of Time in Placement Time did have a significant positive relationship with security of attachment in the Howes and Segal (1993) study so the longer children were there the more likely they were to have a secure attachment. Importantly, though, in this case the children's home was small, had very low staff turn-over and the child caregiver ratio was 3:1, all of which can be described as indicators of good quality of care. In another study, no significant differences were found regarding length of placement and attachment security; this study was conducted in a large institution described as having low quality of care (Vorria et al. 2003). Therefore, it could be hypothesized that length of placement can have a positive relationship with security on attachment in institutions that provide stability and high quality of care that may favour the formation of a secure attachment but that this does not occur in larger and more deprived institutions.

Gender No significant differences were found between gender and attachment style (secure/disorganized) by Vorria et al. (2003). However, the BEIP project in Romania found that gender could be a moderating factor to the effects of placement in foster care after institutionalisation, with girls responding in a more positive way to the change in type of placement than boys (McLaughlin et al. 2012). Specifically, boys with secure attachment did not differ at 42 months between Foster Care and Care as Usual (institutional) groups, so their attachment styles tended to be more rigid.

Genetic Moderating Factors In the one study to consider this, no significant main effect was found (Bakermans-Kranenburg et al. 2011). Although an interaction was established between the type of care (institutional vs. family) and genetic moderation factors, with a protective factor of the 5HTT/allele genotype for high scores on attachment disorganisation in institutionalized children, the authors noted that it is not clear if genetic factors can protect some children in adverse environments or if the experience of being raised in these environments can alter the expression of the gene.

Adoption Status In a study with a high quality score (86 %) conducted with a sample of foster children (Ponciano 2010), significant differences in attachment security were described between children whose foster mothers had made the decision to formally adopt them and those who did not. The children with adoption status showed higher levels of security in attachment. However, the explanation for this difference can vary widely as potentially a better relationship could have motivated the desire of adoption. No information was given about the timing and reasons for the decision to adopt the foster child (Ponciano 2010). This factor needs to be studied further as in another study the motivation for adoption was found to be negatively related to security in attachment (Cole 2005b). Furthermore, motivation for adoption and adoption status (as a decision informed to the court) are possibly different constructs that are related to attachment security in different ways.

Contact with Biological Parents In the same study by Ponciano (2010), a significant negative correlation between visits from biological parents and security of attachment was

found, with children with fewer visits from their biological parents more likely to have a secure attachment (Ponciano 2010). We can hypothesise that, in cases of severe difficulties or maltreatment, not having contact with biological parents might facilitate the establishment of a relationship with the new carers in long-term placements. From a different perspective, another reason that may be linked with this outcomes is that contact with biological parents may discourage both the child and the foster parent to get more emotionally involved as it can place biological parent in 'first place' differing on them the main emotional link. The continuous presence of biological parents can be a remainder that AC is a temporary situation and thus, discourage emotional involvement. However, this factor needs to be studied further: in many countries Foster Care is seen as a temporal measure and contact with the biological family is encouraged as part of the Child's Rights.

Organisation of Foster Home Environment and Appropriate Learning Materials In another study with a sample of children in foster care, the *organisation of foster home environment and appropriate learning materials* were associated with more secure attachments (Cole 2005a, b, 2006). This can possibly be related to the capacity of the caregiver to organise the environment and provide materials according to the child's needs, also showing they are generally more responsive to children's needs.

Quality of Caregiving The BEIP study found that in institutionalised children the *quality of caregiving* significantly predicted the attachment rating and was associated with the quality of attachment. The 'unclassified' group (characterised by extremely low amount of attachment behaviours) had significantly lower quality of care than the other groups. However, in the 42-month follow-up, no difference in security of attachment was found in the Care as Usual group (CAUG) regarding caregiving quality (Smyke et al. 2010). This may reflect the limitation of having a single observation measure of quality of caregiving (ORCE-NICHD), particularly since some children had changes of caregiver. This is important as the ORCE-NICHD rates the observation of the child with their favourite caregiver on 5 scales (sensitivity, stimulation of development, positive regard, flat affect and detachment). Quality of Care was also assessed in the Greek study (Vorria et al. 2003). However, no associations could be made with security of attachment because all the centres (both institutions and day-care for control group) were rated as low quality. This hinders the possibility of measuring the effect of quality of care, which is a factor that has been shown to have a strong impact on attachment formation, particularly when the quality of socio-emotional interactions between Caregivers and children is considered, such as continuity, stability of caregiving and promotion of emotional involvement (St. Petersburg-USA Orphanage Team 2008).

Quality of care was also measured in the Cole study with the HOME scale (Cole 2005a, b, 2006). The relationship between attachment and total environment variable approached significance ($p = .086$) but, when analysed separately (i.e., organisation, learning materials and variety), only learning materials were significantly related to security in attachment. However, the association between attachment security and the general score provided by the HOME inventory that includes all the above variables and others related to quality of care, was not reported in the study.

Number of Children Living at the Foster Home In her study with Foster Children, Ponciano (2010) found a significant correlation between the number of children living in the foster home and the security of attachment in the child, with fewer children at home

facilitating the construction of secure attachments. This is concordant with the idea of the importance of an available caregiver in the formation of a secure attachment. No other study considered this variable.

Caregiver's Characteristics Several factors related to caregiver's characteristics were studied:

The Caregiver's Sensitivity Sensitivity has been shown to be a significant factor mediating the quality of attachment both in institutionalised and foster care children. In a study carried out with 76 foster care children, foster mothers' maternal sensitivity (measured with Maternal Behavior Q-Sort) was a direct predictor of security in attachment (Ponciano 2010). In accordance with this, in a sample of children placed in a shelter with alternative caregivers, it was observed that more children formed secure attachments with the more sensitive and less detached caregivers (measured with Arnett Scale of Teacher Sensitivity; Howes and Segal 1993). The only study that found a non-significant relationship between sensitivity of the caregiver (measured with PCIS) and attachment classification (secure vs disorganised) was characterised by a sample of institutional caregivers all of whom had low levels of sensitivity defined by quality of interactions and appropriateness (Vorria et al. 2003).

Surprisingly, one of the studies considered in this review seems to point in the opposite direction. The study conducted by Cole with a sample of infants in foster care, describes that caregiver's sensitivity (specifically the score in the "involvement" sub scale of the HOME inventory) was a negative predictor for the security of attachment (Cole 2005a). This could be explained as a result of an excessive or anxious monitoring of the child, e.g., due to caregiver childhood trauma, medical fragility of children in the sample (all of them having medical records of prematurity or other factors) or the close monitoring by welfare systems. Alternatively, it could be a limitation of the use of a subscale of the HOME inventory as a single measure of caregiver's sensitivity. Further studies considering sensitivity would be useful to clarify the importance of carer's sensitivity in alternative care. All of the studies mentioned used different instruments to assess caregiver's sensitivity, which makes results difficult to compare.

Caregiver's Childhood Trauma The presence of child abuse and neglect in the Caregiver's childhood experience was related to a higher rate of insecure attachments in children placed in foster care, with infants 6 % less likely to develop a secure attachment if placed with a caregiver that has experienced childhood trauma (Cole 2005a). The presence of childhood trauma was higher in kinship care than in unrelated foster care. None of the studies in institutional care considered the presence of the caregiver's childhood trauma as a variable.

Caregiver's State of Mind In a study with 50 foster mother–infant dyads, Dozier et al. (2001) found a significant association between the caregiver's state of mind and the quality of the infant's attachment with non-autonomous and dismissing foster mothers tending to have children with more disorganized patterns of attachment and the more secure and autonomous foster mothers having more secure children. This is coherent with the previously mentioned factor regarding the presence of childhood trauma which is related to unresolved status.

Foster Caregiver's Motivation Motivation has been shown to have an effect on the security of attachment of infants in care. Specifically, two motivations are positive predictors for secure attachment (i.e., desire to increase the family size and social concern for the caregiver's specific community) and three other motivations are predictors of insecure attachment (i.e., spiritual expression, replacement of a grown child and desire of adoption; Cole 2005a, b, 2006). Possible explanations for this could be that in the first two cases there exists a more adult-centred relationship, based on the foster parents beliefs or needs and not on the infant's real needs. The desire to adopt may be a negative predictor due to the desire for a stable and life-long relationship with this child but not being sure if this would be possible or if the child could be removed from their care, thereby generating anxiety and feelings of uncertainty about the future of the relationship. However, these are hypothesises and require further study.

Foster Mother's Experience The extent of fostering and its relationship with attachment was reported in a study conducted with 76 young Foster children. No significant relationship was found between foster mother certification length and security of attachment, nor was this related to number of previous foster children. However, within this sample, the majority were experienced foster Carers, with only 11 % of foster mothers having a child in care for the first time. However, when these two variables were combined in a single factor, 'less experienced mothers' were more likely to have children with a secure attachment. One possible explanation could be that having previous foster children can be linked to experiences of frustration and loss that can negatively interfere with the mother's disposition in the relationship with a new child (Ponciano 2010).

It was difficult to draw conclusions about Hypothesis 4 regarding differences in attachment styles between countries and type of institutions/foster care programs. Many differences and wide variation in rates were observed in this review. However, as several factors affect quality of attachment, it can be difficult to control confounding factors. Thus, it remains unclear whether differences are due to a) the type of AC, b) cultural factors or c) quality of care regardless of the type of AC. It should be noted, however, that several intervention studies have shown Quality of Care regardless of type of AC to be relevant (Lecannelier et al. 2014; McCall et al. 2010; St. Petersburg-USA Orphanage team 2008).

There are limited studies considering samples of different types of AC in the same country. Comparisons are usually made between one type of AC sample (i.e., either Institutional or Foster Care) and the normal population, who can have different histories and characteristics. Quality of care provided is often not reported. Finally, cultural factors have not been considered in previous studies and is something that may explain some of the differences between countries, but further studies are needed in this regard.

Discussion

Summary of Results and Limitations

As a whole, the studies show that attachment security can be negatively affected by the experience of alternative care and that this impact is stronger for institutional settings. However, several factors mediate the impact of the experience and not all institutions or Foster Care programs have the same outcomes for children. The mediating factors are related to characteristics of the child (age, gender, genetics and age at placement), the

placements (type and quality) and the Carer (sensitivity, motivations and previous experience).

There are some important limitations in the studies that have been conducted on attachment in alternative care settings. One important limitation is the presence of differences in quality of care provided (i.e., size of institution, ratios, turn-over, sensitivity of caregiver) and, as this is not always measured, could be a main confounding factor. Other important factors not always considered in the studies are age at placement and previous placements.

There are also some methodological issues regarding the design of the studies that can have an impact on the rates of attachment classification. For example, in the BEIP study conducted in Romania, only 22 % of children in the institutional care group (study A) had organised attachments at baseline. The other children were categorised using a 'forced classification' where a category can be assigned based on minimal displays of behaviours and even if there were no complete attachment styles. Thus, the classifications might be questioned. Notably, in the BEIP A report, at baseline not a single child in institutional care or the community sample of never-institutionalised children was classified as having a resistant style.

Another curious finding in the BEIP study (not discussed in the papers) is the dramatic reduction of disorganised attachment between baseline and 42 months in all groups (from 65.3 to 5.3–13.1 % in institutional sample groups and from 22 to 9.8 % in community sample). This huge difference could be due to the difference in the instruments used at each of the stages, as all the studies using the SSP with the original coding system in different settings report much higher rates of disorganised attachment than the pre-school Mac Arthur coding. However, if such a factor is not taken into account, this can affect the conclusions drawn about the impact of the Foster Care program in this study, which are based on the pre-post assessment measures.

More generally, another important aspect that has been discussed is the validity of the SSP in institutional settings in which children have experienced a variety of different caregivers and are used to them leaving (due to shifts) and, in many cases to different "strangers" being present at different moments (new caregivers, volunteers, etc.). Some authors have stated that a modified version of this instrument should be used in these settings, otherwise leading to confusions in the interpretation of children's reactions (The St. Petersburg-USA Orphanage Research Team 2008). Another way of assessing this difficulty could be the consideration of the "favourite" caregiver and the use of an attachment formation rating that can provide a better idea about the meaning of the attachment classification, placing those children with low scores on attachment formation in a more "temporary" situation that could potentially be changed if they are given the opportunity to form an attachment with their Caregiver (Bakermans-Kranenburg et al. 2011; BEIP 2005).

Implications for Research

It is important to have more longitudinal studies (although these can be difficult to conduct) and, whilst RCTs are useful, there are important ethical concerns involved. Only one study considered outcomes for Foster Care and Institutional Care together in the same country. That design should be replicated as, in some way, it controls for possible cultural factors and could make results more comparable (especially if considering a measure of quality of care). Similarly, in institutional settings, it is important to study more factors related to the Carers' characteristics as these have been more frequently studied in foster care. Such

research could provide important information for the elaboration of public policies and international recommendations.

Contact with biological parents also requires further study to better understand influence on attachment security. Many children in foster homes or institutional care (such as Children's Homes) have regular contact with biological parents and there can be a tension between the aim of continuity in family bonds and the aim of providing good quality and stable alternative care. This factor has initially been shown to have a negative impact in attachment formation; therefore it should be further studied in order to be considered in practical recommendations.

The impact of quality of care provided in attachment security has been shown to have contradictory results, and, although it is often measured, its influence has not always been reported. Furthering understanding of the influence of QoC on attachment formation could provide important information for improvements in alternative care settings.

Finally, local research in a wider range of countries is needed. This is to consider whether there are differences in care provided by institutions and FC programs in countries other than those previously studied. The relatively small amount of research that has been conducted in less-developed countries to date (e.g., initial research in Africa) has shown cultural differences compared to Europe and the USA that are likely to be important for outcomes in children. In Latin America, no studies with a main aim of exploring attachment styles have been published, which is important to rectify. Having said that, the few studies that have indicated different characteristics of alternative care (Herreros 2009) have not necessarily been incorporated in the recent changes to public policies in that area (following the Guidelines for Alternative Care), so it is important to progress from research to policy and practice.

Conclusions and Implications for Practice

As this review shows, several factors can mediate the quality of attachment and outcomes are not always the same. These factors should be included in programs for the development of better care both in institutions and foster care with the specific aim of facilitating the development of an attachment formation (as secure as possible) between the children and their caregivers. In particular, age at placement has been shown to have a significant relation in attachment security with a cut-off point at 24 months after which attachment security decreases with age at placement. Thus, this should be considered in early intervention programs and placements decisions. Similarly, length of placement can have a positive effect if mediated by quality of care. The aim, then, should be to provide stability in high quality placements, rather than using a series of short placements with multiple changes and the inherent negative impact on attachment formation (Garcia Quiroga and Hamilton-Giachritsis 2014). Some characteristics of caregivers that go beyond the usual assessments have been shown to impact on attachment security. Thus, these factors need to be considered in the evaluation of potential foster or institutional carers, including assessments of motivations, state of mind, sensitivity, etc. Similarly, consideration of those features in a program of continuous support for carers (e.g., with opportunities to elaborate their own childhood traumas, improve their state of mind and increase their sensitivity) may improve the likelihood of a more positive, secure child–caregiver relationship.

In conclusion, placement in alternative care is not the final stage but more the beginning of a process for children. Whilst we continue to work towards having all children living in a family home, it is important to identify ways to improve outcome for those children

remaining in alternative care. Alternative carers, whether in institutional settings or foster care, need support and guidance in the process of taking care of these especially vulnerable children. Research must take a world-wide perspective of alternative care and those working to develop policies and procedures must ensure that they take account of local cultural variations.

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

Armsden, G. C., & Greenberg, M. T. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence, 16*, 427–454.

Arnett, J. (1989). Caregiver Interaction Scale. FPG Child Development Institute UNC-Chapel Hill. http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/assessments-andinstruments/SmartStart_Tool6_CIS.pdf.

Bakermans-Kranenburg, M., Dobrova-Krol, N., & van IJzendoorn, M. (2011). Impact of institutional care on attachment disorganization and insecurity of Ukrainian pre-schoolers: Protective effect of the long variant of the serotonin transporter gene (5HTT). *International Journal of Behavioral Development, 36*(1), 11–18. doi:10.1177/0165025411406858.

Bayley, N. (1993). *Bayley Scales of Infant Development* (2nd ed.). San Antonio, TX: Psychological Corporation.

Bernier, A., Ackerman, J., & Stovall-McClough, C. (2004). Predicting the quality of attachment relationships in foster care dyads from infants' initial behaviors upon placement. *Infant Behavior & Development, 27*, 366–381. doi:10.1016/j.infbeh.2004.01.001.

Bos, K., Zeanah, C., Fox, N., Drury, S., McLaughlin, K., & Nelson, C. (2011). Psychiatric outcomes in young children with a history of institutionalization. *Harvard Review of Psychiatry, 19*(1), 15–24. doi:10.3109/10673229.2011.549773.

Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock Publications Ltd.

Bretherton, I., Ridgeway, D., & Cassidy, J. (1990). Assessing internal working models of the attachment relationship: An attachment story completion task for 3-year-olds. In M. Greenberg, D. Cicchetti, & M. Cummings (Eds.), *Attachment in the preschool years: Theory, research and intervention* (pp. 273–308). Chicago: University of Chicago Press.

Carlson, E. (2002) Attachment formation rating. Available in Zeanah, C. H., Smyke, A. T., Koga, S. & Carlson, E. (2005) Attachment in institutionalized and community children in Romania. *Child Development, 75*(5), 1015–1028.

Cassidy, J., & Marvin, R. S. (1992) The MacArthur Attachment Working Group of the John D. and Catherine T. Attachment organization in preschool children: Procedures and coding manual, Un published coding manual. The Pennsylvania State University. MacArthur Network on the Transition from Infancy to Early Childhood.

Chisholm, K. (1998). A three year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages. *Child Development, 69*, 1092–1106.

Cole, S. (2005a). Infants in foster care: Relational and environmental factors affecting attachment. *Journal of Reproductive and Infant Psychology, 23*(1), 43–61. doi:10.1080/02646830512331330947.

Cole, S. (2005b). Foster caregiver motivation and infant attachment: How do reasons for fostering affect relationships? *Child and Adolescent Social Work Journal, 22*(5–6), 441–457. doi:10.1007/s10560-005-0021-x.

Cole, S. (2006). Building secure relationships: Attachment in kin and unrelated foster caregiver–infant relationships. *Families in Society, 87*(4), 498–508. doi:10.1606/1044-3894.3565.

Dozier, M., Stovall, C., Albus, K., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. *Child Development, 72*(5), 1467–1477. doi:10.1111/1467-8624.00360.

Eulliet, S., Spencer, R., Troupel-Cremel, O., Fresno, A., & Zaouche-Gaudron, C. (2008). Les representations d'attachement des enfants accueillis et des enfants adoptes. *Enfance, 1*, 63–70.

European Commission Daphne Programme. (2005). *Directorate-General Justice and Home Affairs*. Birmingham: University of Birmingham. ISBN 0-704-42502-5.

Farran, D., Kasari, C., Comfort, M., & Jay, S. (1986). *The Parent/Caregiver Involvement Scale training manual*. Chapel Hill, NC: Frank Porter Graham Child Development Center.

Garcia Quiroga, M., & Hamilton-Giachritsis, C. (2014). In the name of the children: Public policies for children in out of home care in Chile. Historical review, present situation and future challenges. *Children and Youth Services Review, 44*, 422–430. doi:10.1016/j.childyouth.2014.07.009.

George, C., Kaplan, N., & Main, M. (1996). *The adult attachment interview protocol* (3rd ed.) Unpublished manuscript, University of California, Berkeley.

George, C., & Solomon, J. (1995). *Six year attachment doll play classification system.* Unpublished classification manual. Oakland, CA: Mills College.

Hamilton-Giachritsis, C. E., & Garcia Quiroga, M. (2014). Institutional care. In H. Montgomery (Ed.), *Oxford online bibliographies in childhood studies*. New York: Oxford University Press. doi:10.1093/OBO/9780199791231-0098.

Harms, T., & Clifford, R. M. (1980). *Early childhood environment rating scale*. New York: Teachers College Press.

Hazan, C., & Shaver, P. R. (1987). Love conceptualised as an attachment process. *Journal of Personality and Social Psychology, 52*, 511–524.

Herreros, F. (2009). *Attachment security of infants living in a Chilean Orphanage*. Poster presented at the Biennial meeting of the Society for Research in Child Development. Denver, Co.

Howes, C., & Segal, J. (1993). Children's relationship with alternative caregivers: The special case of maltreated children removed from their homes. *Journal of Applied Developmental Psychology, 14*(1), 71–81. doi:10.1016/0193-3973(93)90024-P.

Johnson, R., Browne, K., & Hamilton-Giachritsis, C. E. (2006). Young Children in Institutional Care at Risk of Harm. *Trauma, Violence & Abuse, 7*, 34–60. doi:10.1177/1524838005283696.

Katsurada, E. (2007). Attachment representations of institutionalized children in Japan. *School Psychology International, 28*(3), 331–345. doi:10.1177/0143034307078543.

Lecannelier, F., Silva, J. R., Hoffmann, M., Melo, R., & Morales, R. (2014). Effects of an intervention to promote socio-emotional development in terms of attachment security: A study in early institutionalization in Chile. *Infant Mental Health Journal, 35*, 151–159. doi:10.1002/imhj.21436.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In Bretherton, I., & Waters, E. (Eds.), *Growing points of attachment theory and research. Monographs of the Society for Research in Child Development,* Vol. 50 (1–2 serial No 209), pp. 66–104. doi:10.2307/3333827

Maluccio, A., Canali, C., & Vecchiato, T. (2006). Family foster care: Cross-national research perspectives. *Families in Society, 87*(4), 491–495. doi:10.1606/1044-3894.3564.

Mapp, S. (2011). *Global child welfare and well-being*. Oxford: Oxford University Press.

McCall, R., Groark, C., Fish, L., Harkins, D., Serrano, G., & Gordon, K. (2010). A socioemotional intervention in a Latin American Orphanage. *Infant Mental Health Journal, 31*(5), 521–542. doi:10.1002/imhj.20270.

McCartney, K. (1996). NICHD Early Child Care Research Network. Characteristics of infant child care: Factors contributing to positive caregiving. *Early Childhood Research Quarterly, 11*, 269–306.

McCubbin, H. I., & Pallerson, J. M. (1983). The famiiy stress, process: The double ABCX model of adjustment and adaptation. In H. I. McCubbin, B. Sussman, & J. M. Patterson (Eds.), *Social stress and the family* (pp. 7–38). New York: The Hayworth Press Inc.

McLaughlin, K., Zeanah, C., Fox, N., & Nelson, C. (2012). Attachment security as a mechanism linking foster care placement to improved mental health outcomes in previously institutionalized children. *Journal of Child Psychology and Psychiatry, 53*(1), 46–55. doi:10.1111/j.1469-7610.2011.02437.x.

Miljkovitch, R., Pierrehumbert, B., Karmaniola, A., & Halfon, O. (2003). Les représentations d'attachement du jeune enfant. Développement d'un système de codage pour les histoires à compléter. *Devenir, 15*(2), 143–177. doi:10.3917/dev.032.0143.

Moore, J., & Palacio-Quintin, E. (2001). Ĺarticulation des attachements multiples et des stratégies de doping chez les adolescents placés en famillie ďaccueil. *Interamerican Journal of Psychology, 35*(1), 127–142.

Muadi, M., Aujoulat, I., Wintgens, A., Matonda ma Nzuzi, T., & Pierrehumbert, B. (2012). Attachment in the abandoned children rise in residential institution in Kinshasa. *Neuropsychiatrie de l'enfance et de l'adolescence, 60*, 505–515. doi:10.1016/j.neurenf.2012.09.002.

NICHD. (2005). *Early Child Care Research Network. Child care and child development: Results of the NICHD study of early child care and youth development*. New York: Guilford.

NICHD Early Child Care Research Network. (2006). Infant–mother attachment classification: Risk and protection in relation to changing maternal caregiving quality. *Developmental Psychology, 42*(1), 38–58. doi:10.1037/0012-1649.42.1.38.

Pederson, D., Moran, G., Sitko, C., Campbell, K., Ghesquire, K., & Acton, H. (1990). Maternal sensitivity and the security of infant–mother attachment: A Q-Sort Study. *Child Development, 61*(6), 1974–1983. doi:10.1111/j.1467-8624.1990.tb03579.x.

Plomin, R., & DeFries, J. C. (1985). *Origins of individual differences in infancy: The Colorado Adoption Project*. Orlando: Academic.

Ponciano, L. (2010). Attachment in foster care: The role of maternal sensitivity, adoption, and foster mother experience. *Child and Adolescence Social Work Journal, 27*, 97–114. doi:10.1007/s10560-010-0192-y.

Rutter, M., Beckett, C., Castle, J., Colvert, E., Kreppner, J., Mehta, M., et al. (2007). Effects of profound early institutional deprivation: An overview of findings from a UK longitudinal study of Romanian adoptees. *European Journal of Developmental Psychology, 4*(3), 332–350. doi:10.1080/17405620701401846.

Santelices, M. P., & Pérez, F. (2013). Evolución del vínculo que establece el niño con el personal educativo en salas cunas chilenas. *Universitas Psychologica, 12*(3), 821–832.

Shechory, M., & Sommerfeld, E. (2007). Attachment style, home leaving age and behavioural problems among residential care children. *Child Psychiatry and Human Development, 37*, 361–373. doi:10.1007/s10578-007-0051-z.

Smyke, A., Dumitrescu, A., & Zeanah, C. (2002). Attachment disturbances in young children I: The continuum of caretaking casualty. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 972–982. doi:10.1097/00004583-200208000-00016).

Smyke, A. T., & Zeanah, C. H. (1999). Disturbances of attachment interview. Unpublished manuscript. Available on the Journal's website at www.jaacap.com (via Article Plus)

Smyke, A., Zeanah, C., Fox, N., Nelson, C., & Guthrie, D. (2010). Placement in foster care enhances the quality of attachment among young institutionalized children. *Child Development, 81*(1), 2012–2223. doi:10.1111/j.1467-8624.2009.01390.x.

Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment Human Development, 7*(4), 349–367. doi:10.1080/14616730500365928.

Stovall, K. C., & Dozier, M. (2000). The development of attachment in new relationships: Single subject analyses for 10 foster infants. *Development and Psychopathology Spring, 12*(2), 133–156.

The St. Petersburg-USA Orphanage Research Team. (2008). The effects of early social-emotional and relationship experience on the development of young orphanage children. *Monographs of the Society for Research in Child Development, 73*(3), 1–262. doi:10.1002/9781444309683.

United Nations. (2009). *Guidelines for alternative care for children*. United Nations General Assembly A/RES/64/142. 18 December. http://www.un.org

UNICEF. (2010). *At home or in a home? Formal care and adoption for children in Eastern Europe and Central Asia.* UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS).

van den Dries, L., Juffer, F., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. (2009). Fostering security? A meta-analysis of attachment in adopted children. *Children and Youth Services Review, 31*, 410–421.

Vorria, P., Papaligoura, Z., Dunn, J., van IJzendoorn, M., Steele, H., Kontopuolou, A., & Sarafidou, Y. (2003). Early experiences and attachment relationships of Greek infants raised in residential group care. *Journal of Child Psychology and Psychiatry, 44*(8), 1208–1220. doi:10.1111/1469-7610.00202.

Waters, E., & Deane, K. E. (1985). Defining and assessing individual differences in attachment relationships: Q-methodology and the organization of behavior in infancy and early childhood. In I. Bretherton & E. Waters (Eds.), *Growing points in attachment theory and research* (pp. 41–65). Monographs of the Society for Research in Child Development, 50 (1–2, Serial No. 209).

Wells, K., & Guo, S. (1999). Reunification and re-entry of foster children. *Children and Youth Services Review, 21*(4), 273–294.

Whetten, K., Ostermann, J., Whetten, R., Pence, B., ÓDonnell, K., Messer, L., et al. (2009). A comparison of wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PLoS ONE, 4*(12), e8169. doi:10.1371/journal.pone.0008169.

Yates, A. M., Lekies, K. S., Stockdale, D. F., & Crase, S. J. (1997). *Motivations for foster Parenting Inventory*. Ames, IA: Iowa State University Research Foundation.

Zeanah, C., Smyke, A., Koga, S., & Carlson, E. (2005). Attachment in institutionalized and community children in Romania. *Child Development, 76*(5), 1015–1028. doi:10.1111/j.1467-8624.2005.00894.x.

PART I

Chapter 2

"In the name of the Children": Public Policies for Children in out-of-home care in Chile. Historical review, present situation and future challenges

Chapter rationale

Chapter 1 indicated a lack of studies regarding attachment in children living in AC in less developed countries. In order to plan and design the empirical studies to be conducted in Chile, chapter 2 aimed to have an overview of the situation of children in AC in Latin America, with a specific focus on Chile.

Chapter 2 was published in *Children and Youth Services Review* in 2014. The manuscript is authored by Manuela Garcia Quiroga and Catherine Hamilton-Giachritsis. Permission was granted from Elsevier for its use in this thesis.

Children and Youth Services Review 44 (2014) 422–430

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

"In the name of the children": Public policies for children in out-of-home care in Chile. Historical review, present situation and future challenges

Manuela Garcia Quiroga *, Catherine Hamilton-Giachritsis [1]

School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, United Kingdom

ARTICLE INFO

Article history:
Received 11 June 2014
Received in revised form 17 July 2014
Accepted 18 July 2014
Available online 28 July 2014

Keywords:
Out-of-home care
Foster care
Children's homes
Alternative care
Latin America
Public policies

ABSTRACT

Public policies regarding children in care systems have varied widely throughout history and within countries around the world. At the present time, an important number of children live without parental care and their needs and rights must be addressed by the State within which they reside. Following an important number of studies carried out mainly in Europe and the USA, the United Nations made international recommendations on this matter: the Guidelines for the Alternative Care of Children (2009). Thus, the 195 countries that have signed up to these guidelines must now ensure that they are moving towards compliance with these regulations. However, countries vary widely on the implementation of these guidelines, their public policies, and characteristics of care systems, with different challenges facing different parts of the world. Furthermore, little research has been conducted in Africa, Asia and Latin America. Therefore, this article describes the present situation of children in out-of-home care in Latin America with a special focus on Chile, and proposes that characteristics of care systems may vary significantly from those of Eastern Europe and developed countries. Further research in this and other less wealthy regions is needed in order to implement public policies that effectively protect children's rights.

1. Introduction

The situation of vulnerable children around the world has been a matter of concern for different social agents throughout history. From the first charities taking care of orphans and children in poverty, to institutions caring for children in periods of war, and the more recent International Convention on the Rights of the Child in 1989, public policies in this matter constantly evolve in response to social and political situations as well as on-going research on the impact of institutional care on children. Notably, the conception of a child as the subject of rights has led to different initiatives seeking to achieve at least minimum standards in child protection in numerous countries. However, this process has been complex and, at times, contradictory, with child protection measures sometimes actually leading to children being restricted in their rights (Eurochild, 2012). Thus, whilst much progress has been made, there are many other areas still requiring study and new initiatives.

There are currently a large number of children living in some form of alternative care around the world, with approximately 8 million living in institutions (Lumos, 2013). However countries vary significantly in their design, implementation and evaluation of institutional and foster care. For example, research and practices in alternative care have been influenced in many countries by psychological theories regarding important issues in child development. In some countries (e.g., the United Kingdom), the influence of Bowlby's theory of Attachment has been important, stressing the importance of an affectional bond with a primary caregiver in the first years of life. In other countries (e.g., Romania), Bowlby's theory has had less influence and previously emphasis was placed on meeting children's basic physical needs (i.e., hygiene and feeding) or the stimulation of developmental tasks.

International recommendations regarding alternative care have been strongly influenced by research conducted mainly in Europe (with specific emphasis on Romania) and the USA. Historically, there has been less understanding of the situation in other regions of the world, such as Africa, Asia and Latin America. Only more recently have the characteristics of alternative care in less wealthy nations become more of a focus, with some studies indicating that residential and community settings there may be different to those previously described in other countries (Herreros, 2009; Muadi, Aujoulat, Wintgens, Matonda ma Nzuzi, & Pierrehumbert, 2012; Whetten et al., 2009). This variety shows that there is no 'one solution that fits all' and that these differences between countries and cultures should be included in the development of public policies aiming to achieve better care for vulnerable children.

Thus, it is important to undertake more in-depth analysis of alternative regions, in order to broaden our understanding of the impact on children of institutional and other types of alternative care. One of these regions is Latin America, where in depth studies about the situation of children in care, the quality of care and its outcomes are required. Chile is one of the countries in the Latin American region that signed the International Convention for the Rights of the Child in 1990 and has recently made important changes to public policies for early childhood (Staab, 2010). During 2013, an important number of children in Chile (147,358) were under some kind of protectional measure, due to the violation of their rights (32 per 1000 of the 0–17 population) 18,878 of whom lived in some kind of alternative care including children's homes and foster care. However, little research has been conducted in these settings. Thus, this paper aims to address the lack of information in alternative regions by presenting a brief overview of the world and Latin American situation, with a specific focus on Chile as an in depth illustration, highlighting implications for public policies in child care.

2. Children in out-of-home care across the world

The situation around the world varies widely regarding the number of children in out-of-home care, public policies addressed to them and characteristics of placements. One difficulty for developing a coherent response to the situation is that information is difficult to compare as methodologies to register data differ widely across countries. Table 1

* Corresponding author. Tel.: +44 7963075858.
E-mail address: psmanuelagarcia@gmail.com (M. Garcia Quiroga).
[1] Present Affiliation Address: Reader in Clinical Psychology, Department of Psychology, University of Bath, Claverton Down, Bath, BA2 7AY, United Kingdom.

http://dx.doi.org/10.1016/j.childyouth.2014.07.009
0190-7409/

Table 1
Overview of world situation of children in out-of-home care[a].

Area	Children per 10,000 in alternative care	Children under 3 in institutions, per 10,000	Other data
Europe (2003–2007)[b]	Mean 88.7 (range 50–120)	Mean 14.4 (range 0–60)	
Eastern Europe/Asia (2007)[c]	85.9		
USA (2007)	60		
Canada (2007)	97		
Australia (2007)	77		
New Zealand (2005)	49		
Africa	Unknown		3.7 million orphans in South Africa 15% households child-headed in Sub-Saharan Africa
Latin America (2013)[d]	Mean 59.5 (range 34–400)		

[a] Data available is difficult to compare due to wide differences in recording. Where possible, numbers have been translated to rates per 10,000. Where more than one data set is available, the most recent one was taken into account. Reports: AIHW (2013), Browne et al. (2005), Gilbert, Parton, and Skivenes (2011), Mapp (2011), Maluccio, Canali, and Vecchiato (2006), Thoburn (2007), UNICEF (2010a, 2010b).
[b] The number of children in alternative care considers a study conducted in 8 European Countries (England, Sweden, Finland, Denmark, Norway, Germany, Belgium and Netherlands).
[c] Data is presented in some studies for the whole of Europe, but other studies present data combining Eastern Europe and Asia.
[d] See Table 2 for details.

gives summaries of available data, highlighting the lack of comparability (for more information on the world situation, see Hamilton-Giachritsis & Garcia Quiroga, 2014).

Data is usually registered in different formants considering for either a cross sectional account or a whole year period. Countries also vary in what is considered to be Alternative Care; for example as stated in Gilbert (2012), some cities of Canada and England consider as 'out-of-home care' a child that lives with his family but is under the Local Authority supervision, whilst other countries only use that term for placements in foster or institutional care. Similarly, in the U.S.A., the term 'foster care' sometimes refers to children living with foster parents or in children's homes. In some countries (i.e., Finland and Sweden), youth with problems such as delinquency or addictions are dealt with in terms of out of home care whilst in others they become part of the judicial system (Gilbert, 2012). The same report indicates that the meaning of these numbers can also vary if we consider cultural factors, for example in some countries a high proportion of placements are voluntary arrangements between the family (parents and often child) and the State, whilst in others there are placed by a judicial coercive order.

Following multiple studies regarding the effects of institutional care, conducted in the 1950s to 1970s (e.g., Bowlby, 1951; Goldfarb, 1945; Pringle & Tanner, 1958; Tizard & Hodges, 1978), in numerous countries in Western Europe, the USA and Australia, the tendency was to close big institutions. Following this, research conducted with children reared in big orphanages in Romania and other Eastern countries (Rutter et al., 2010; St. Petersburg-USA Orphanage Research Team, 2008; Zeanah, Smyke, Koga, & Carlson, 2005) highlighted the damage done to young children through poor institutional care. Combined with work highlighting the shockingly high rates of institutional care across the whole of Europe (Johnson, Browne, & Hamilton-Giachritsis, 2006; Browne et al., 2005), this generated a de-institutionalisation movement in order to reduce significantly the use of residential care and to invest in family support and foster care (see Eurochild, 2012). In turn, this informed the decision to pass the United Nations recommendations in 2009. However, in many areas of the world (e.g., Eastern Europe, Asia and Latin America), institutional care still remains the main option for LAC, although family placements are starting to be developed and in some countries changes to institutional settings have been applied to meet international recommendations (UNICEF, 2010a).

A report with the analysis of information from the last three decades (UNICEF, 2010a) reveals that the number of children separated from their families and placed in some kind of formal care (institutional or foster) has increased if numbers are transformed into rates considering changes in birth rate. This was also stated in a report with 8 European countries, USA and Canada data (Gilbert et al., 2011). It is also concerning that in many cases poverty and lack of access to social services and support are the main cause for a child being separated from his family. Furthermore, institutional care is still widely used for infants and young children and many countries lack national standards and norms that can be applied to public and private institutions by governmental bodies in order to monitor the quality of caregiving provided (UNICEF, 2010a). This report also states that efficient gatekeeping is required to ensure children are placed in alternative care for the correct reasons and that changes of placement are done in the best interest of the child. Yet recent reports in some countries (e.g., the UK — Ofsted, 2011) express concerns about the increase in the average number of placements per child and the impact this can have on children, such as increasing the vulnerability for sexual abuse (Children's Commissioner Report, 2012).

In the process of deinstitutionalisation, some countries have faced problems (at least initially) as residential homes were closed faster than the development of foster care programmes, creating difficulties in providing suitable foster families for vulnerable children (Barber & Delfabbro, 2004; Maluccio et al., 2006; Sinclair & Jeffreys, 2005). Other countries have reported additional issues creating barriers to implementing foster care programmes. For example, in Korea and Japan few people have been motivated to foster due to cultural reasons (e.g., the importance given to blood bonds) and lack of support (Mapp, 2011). This cultural challenge may extend to other countries with strong extended family bonds.

Where foster care does exist, it often struggles to provide what is required. Evaluation of foster care in the USA has suggested that there is poor quality of care in foster homes, due to poor screening of carers, lack of appropriate monitoring, frequent changes of placement and overwhelmed foster care systems (Maluccio et al., 2006). Similarly, in Australia, there has been a debate around the foster care system being overwhelmed and unable to respond to the increase of children in need of placement (Barber & Delfabbro, 2004). This debate has raised the possibility of new adoption policies and also the creation of small community children's homes with supervision in quality of care.

In Africa, different conflicts (wars, natural disasters, AIDS and massive migrations) have increased the number of children in need of care. However the response to provide care has been somehow "spontaneous" and from the communities rather than government-led. For example, data available estimates that 90% of the orphans due to AIDS are being cared by family members or community support but as the numbers increase, the community is not able to give all the support needed and this has produced a rise in child-headed homes, now representing 15% of the households (Mapp, 2011).

Some research conducted in children's homes in African countries has revealed that outcomes and characteristics are different from

those observed in Eastern Europe. Children's homes are usually small in size and have a greater stability of caregivers. Although material conditions are poor, the setting is community based and the relationship caregivers establish with children tend to be more warm and affective, probably due to cultural factors. This seems to have a positive impact in outcomes for children (Muadi et al., 2012; Whetten et al., 2009).

In summary, across the world, there seems to be a tension between two different visions of public policies regarding out-of-home car. On the one hand, is a "preventive" vision that is more family oriented and, on the other hand, a "permanency" vision aiming to provide stability for children beyond the family (Bernardo's Report, 2010). It has been argued that these two visions have been alternating in public policies throughout history (Jackson, 2006). Various countries have made changes to their policies in child welfare and have included family based placements as an option. Some of them have also made important changes to the residential settings in order to meet the international requirements. However these changes have been slow and have faced numerous difficulties in their implementation (UNICEF, 2010a). More recently, some authors have stated that safety and well-being as goals are not sufficient for the healthy development of children in care and have proposed the need for a change in welfare services, towards a "relationship-based vision", which places the child's emotional need to establish a stable and nurturing attachment with a caregiver at the centre of the decisions (Lawler, Shaver, & Goodman, 2011). Several studies have shown that interventions with a focus on improving child-caregiver interactions and relationship can produce better development (in social, cognitive and physical areas) in children living in residential care (McCall, Groark, & Rygaard, 2014).

As mentioned above, research conducted mainly in big orphanages in Romania and Russia generated a de-institutionalisation movement that has had an impact in other countries with, perhaps very different characteristics, resulting in difficulties in the implementation of measures due to cultural, social and economic reasons. The effects of institutionalisation in big orphanages characterized by 'segregating' (isolated from community and family bonds, and cultural origins) and impersonal care with lack of affection and a rigid routine can be very different from the outcomes of a small and 'family type' children's home that provide a stable and warm relationship with a primary carer. In this sense, Ainsworth and Thoburn (2014) have stated the importance of having characteristics of children's homes into account when comparing countries (Ainsworth & Thoburn, 2014). On the other hand, as stated by Thoburn (2007) in a cross national study, characteristics of the foster care system may vary widely according to specific conditions in different countries, regarding the age and characteristics of children and families and cultural factors that determine reasons for placements and modalities of care. Thus, there is a need for further research in different countries in order to develop localized public policies in order to protect children's rights.

3. Latin America

"Over recent decades, most Latin American countries have lived through dictatorships, lasting for varying periods of time, and during the 1990s, neo-liberal governments implemented economic policies that exponentially increased the level of poverty and destitution, widening the gap between rich and poor, impacting directly on children" (Relaf Project & SOS Villages, 2010. pp 13).

Some countries in the region have made important changes to their public policies and to social services in recent years. The 'Call to Action' recently launched by some countries of the region in response to the UN General Assembly guidelines (2009) states that countries should make changes to legislations and public policies to ensure that children under three are not placed in institutions and, if unavoidable, the placement must be short term. It also recommends the provision of social support for families and the generation of family-type placements to ensure that children are not separated from their natural environment (UNICEF-LAC, 2013).

3.1. Rates of residential care

In most cases, children living in residential care in Latin America have one or both parents alive. However, little support is provided to families in order to prevent the separation of the child from her home environment (UNICEF, 2013).

Table 2 provides summary data from the two main reports published on Latin America (Relaf Project & SOS VIllages, 2010; UNICEF, 2013), on the number of children living residential care in Latin America. Both reports are based on official data and other sources (see reports for details); data for Chile is taken from SENAME and National Institute of Statistics-INE (INE, 2012; SENAME, 2013a). Relaf Project and SOS VIllages (2010) is based on a study of children living in residential care in 13 countries of the region, giving an estimate of 374,308 children, with UNICEF later study reporting a lower rate of 240,000 children (UNICEF, 2013).

Overall, in Latin America, rates range from 34 per 10,000 (i.e., Ecuador) to 400 per 10,000 (i.e., Haiti). This reflects the vast differences between countries in Latin America, with some of them having high rates of children living in children's homes (i.e., Haiti and Colombia) due probably to severe social conflicts and economic crisis. Other countries show very low rates of children alternative care (i.e., Nicaragua and Paraguay) but a high number of children without parental care, perhaps living on the streets, in informal kinship care or with other networks of support. Again, the lack of data available hinders a proper interpretation and analysis.

In terms of Chile, the mean number of children living in residential care for the Latin American Region is 59.5 per 10,000, with Chile reporting 28 per 10,000 (hence, in the lower half). However, considering the wide range of the region, the median (20 per 10,000) may be more useful to consider, in which case Chile is slightly above the median.

The information about the ages of children living in residential care is incomplete, but available data shows an important number of infants and small children living in this type of care. For example, children 0 to 5 years represent 26% of the total number of children in institutions in Argentina and, 25% in Brazil. Children 0 to 4 years represent 12% of

Table 2
Children in alternative care in Latin American countries.[a]

Country	Children residential care (per 10,000)	Children foster care (per 10,000)	Total	Children without parental care per 10,000
Argentina	12			
Brazil	85	1.6	86.6	
Chile	28	10	38	
Colombia	240	120	360	865
Costa Rica	4			
Ecuador	3.4			860
El Salvador	41			
Guatemala	7.8			
Haiti	400			
Honduras	36			
Mexico	77			109
Nicaragua	12			1000
Panama	18			
Paraguay	23			1212
Peru	18			
Rep. Dominicana	10			1480
Uruguay	43			
Venezuela	10	0.3	10.3	

[a] Data based on main reports published (Relaf Project & SOS VIllages, 2010; UNICEF, 2013) which considers official data and several other sources (see reports for details). For Chile data from SENAME and INE as previously detailed was also considered. When different data from the same country was available, the most recent was included. Data has been converted to rates per 10,000 children to make the comparison between countries possible.

the total in Guatemala and 17% in Panama, whilst children aged 0 to 3 years represent 8% in Uruguay (UNICEF, 2013) and 10% in Chile (SENAME, 2013a).

3.2. Environment

Regarding size, many countries in the region still have very large institutions contrary to international recommendations (e.g., El Salvador has an institution for 600 children; Honduras for 492 children with youth and adults living together; and in Guatemala there is an institution with capacity for 1000 children). In contrast, following the Children's Rights Committee recommendations for "*the transformation of the existing institutions with preference to small residential centres that are organized according to the children's rights and needs*" (Children's Rights Committee, 2006, p.32), some countries have recently established standards for a maximum number of children in each home (e.g., Brazil and some regions of Argentina with 20 children).

As stated by UNICEF (2013), in many countries children's homes don't have sufficient technical, financial and human resources. This can impact on the care provided, hindering the personal relationships between carers and children. Therefore, some countries have started to implement actions such as the individual plan of intervention in Brazil and Chile in order to develop a more personalised care (UNICEF, 2013) and the approval of regulations for residential placements (e.g., staff levels) according to international standards in Peru, Brazil and Chile. However much has yet to be done regarding the evaluation of the practical implementation of these measures.

Other countries have developed different initiatives to improve the situation of out-of-home care (Relaf Project & SOS Villages, 2010). For example, Paraguay initiated the closure of state homes for babies and has begun to develop family-based care together with adoption programmes and the reunification with biological families for children under three. In Brazil a national plan was implemented which identifies key issues for public policies aiming to support parents and families. In Chile, policies to prevent child separation from biological families have reduced the percentage of children under protectional measures actually living in residential care from 62% in 1990 to 26.3% in 2005 (Relaf Project & SOS VIllages, 2010).

In the majority of the countries in this region, institutions and children's homes are run by the private sector. In some countries the State provides financial support for these initiatives and controls and supervises their quality. However, in many other countries, private institutions are run almost without any regulation, support or control, which is a potential source of harm for children living in them (Relaf Project & SOS VIllages, 2010). This is despite the requirement on the State to monitor and evaluate quality of care (Children's Rights Committee, 2006).

3.3. Foster and kinship care

In many Latin American countries, informal kinship care has existed for long time with formal foster care programmes beginning to be developed in Argentina, Paraguay, Chile, Colombia, El Salvador, Honduras, Guatemala, Dominican Republic and Peru. However there is a lack of evaluation of outcome. In addition, the number of children in those settings is still small, with a lack of supervision detected in many countries in which these programmes are officially implemented, generating an important potential risk for these children. For example, in Haiti the authorities have no regulation about any kind of foster care (UNICEF, 2013).

> "There is a need to further such initiatives in the context of processes of deinstitutionalisation that are not measured only in terms of reduction in the number of children in institutions but also must consider other indicators such as quality of life of children that have been transferred from institutions and the effects of deinstitutionalisation in their development"
>
> [UNICEF, 2013]

4. Chilean situation

4.1. Historical background

In the late 18th century, only one institution in Chile took care of vulnerable children, with no governmental support. Approximately, 250 years later, there are 253 residential settings in Chile and the State subsidy is supported by a legal framework and public policy in childhood rights protection. This change has resulted from a variety of influences, including differing moral/social perspectives, political changes (such as an early civil war in 1891, a long dictatorship after a coup de state in 1973 and the recovery of democracy in 1990) and, more latterly, international factors.

The first institution for children in care started in 1758, The Foundlings' House ("La Casa de Expósitos"), created by a Christian charity, its aim was "to offer spiritual and material support to abandoned children" (Rojas, 2010) and it cared for 50 children. However, the lack of stable governmental support and reliance on charitable donation led to periods of instability. By the early 19th century, Chile had high rates of illiteracy, indigence and birth-rate. Many children that were born in poverty were 'given' to richer families as a way of ensuring they would have food and a place to live. The Foundlings House installed a 'lathe' (small circular revolving window) where people could leave their babies to be taken into care anonymously (Rojas, 2010).

By 1832, the Foundlings House came under government administration and was re-named the "House of Orphans". Whilst it provided an alternative to extreme poverty, usually the children had several paid 'mothers' (for the purposes of gaining breast milk) and changed houses several times in the first few years, until they were given to a family to serve as a servant, apprentice or companion. A lucky few children were returned to their biological mother after their first few years (Rojas, 2010). Overall, the focus was on physical care and, sometimes, education. However, conditions were very deficient and the rates of infant mortality were extremely high (80%; Schonhaut, 2010). Hence, it was not a positive solution for those in hardship.

In 1853, the House of Orphans was taken over by a Religious Congregation (The Sisters of the Providence), who created a big institution with a school and workshops, and centralised the children in care. The number of children rose and several other institutions were opened in different regions of the country. The main reason for the placement in these institutions was economic difficulties and the informal system of placement (as opposed to formal adoption) continued. By 1895, there were 13 institutions in Chile for the care of children in poverty (Milanich, 2004).

4.2. Legislative background

The first legislation in Chile that defined an important role of the State in the care of vulnerable children (the *Protection of the Helpless Infancy*) was not promulgated until 1912, but it was the beginning of social policies regarding childhood. Its practical application was small, being mainly concerned with so-called 'delinquent' children (Biblioteca Nacional, 2014), that were taken off the street and confined in correctional houses. However, also at the beginning of the 20th Century, there were different initiatives around the world for the protection of children, especially those in vulnerable situations. In 1924, the Geneva Declaration stated the commitment to provide the best for children regardless of their ethnicity, nationality or belief.

This was the beginning of the consideration of children as the subjects of rights in Chile and, in 1928, the "Law of Minors" was promulgated, introducing the concept of children having not only the right to receive

physical care and education, but also social and 'happiness' rights (Rojas, 2007). Finally, the State began to have a role related to social needs, at least in theory. In reality, the implementation of these measures lagged behind the legislation. The latter was being influenced by world movements seeking a more integral vision of childhood, whilst the day to day practices were more focused on dealing with ongoing poverty and poor social conditions.

In 1940–50, important changes were made to children's institutions, including the abolition of the lathe (place for abandonment of infants). Even then, it was determined that living in an institution should be a temporary measure, and the integral development and social inclusion of vulnerable children started to be considered. By 1950–1960, several legal reforms were dictated for safeguarding the situation of 'children in an irregular situation', such as abandoned or living in extreme poverty. Notably, whilst the vision underlying this concept was protection, there was also a correctional view of children as beings that needed to be adapted to their social environment (Fundación León Bloy, 2009). Indeed, 'vulnerable children' and 'youth delinquency' were often confused terms.

In the following few decades, the situation for children mirrored the political situation, with changes undertaken in line with those wielding political power:

- 1966: the National Council of Minors was created (CONAME law 16,520) to organise services for children in 'irregular' situations; the State was given a guarantor role responsible for providing the resources to solve the social needs of vulnerable children.
- 1973: coup d'état, a military junta violently assumes the power and this determines a series of changes in public policies. Regarding the childhood protectional system, in 1979 the National Council of Minors was dissolved and the National Service of Minors (SENAME law 2,465) was created (as part of the Ministry of Justice). The role of the State changed from *guarantor* to *subsidiary* transferring a payment for each child to different organisations.
- 1980s: a large part of Chile's economic and social role was transferred to the private sector and market regulation (Alvarez, 1994). This impacted on the functioning of children's homes with economic criteria ruling decision making.
- 1990: with the reinstatement of democracy after 17 years of a dictatorial regime, Chile ratified the International Convention for the Rights of the Children and this was followed by an important number of programmes and initiatives focused on childhood. For the first time in 7 years, the subsidy per child increased.
- 2000 onwards: new changes were made to the programmes offered by SENAME, and the vision of the child as the *subject of rights* replaced that of interventions being *correctional*. The child was located in the centre of the public policies (Fundación León Bloy, 2009).
- 2004: Family Courts were created (law 19.968) to resolve all family and childhood matters.
- 2006: an Integral Program of Protection of Infancy and Childhood was established with the aim of "providing equal opportunities for the development of the children regardless their social origin, gender, conformation of their home or any other potential factor of inequity" (Consejo Presidencial de la Infancia, 2006, p.11).
- 2014: A National Council for Childhood and Youth was created by the new government with the aim of coordinating all the governmental initiatives to protect and support children and youth in Chile giving emphasis on considering children as subjects of rights.

Thus, in the last century, social conditions and public policies in Chile have changed dramatically, moving from a focus on infant mortality rates to children's obesity and chronic illnesses, from fighting for survival to more integral development and from abandoned/marginal children to children as the subjects of rights. However, high levels of inequity are still present and, in this context, the implementations of public policies have important challenges.

4.3. The current situation for children in out-of-home care in Chile

In 2009, the UN General Assembly adopted the Guidelines for Alternative Care of Children that aimed to help governments ensure that child protection programmes effectively protect children's rights in a family environment (UN, 2009). These recommendations have had an impact in Chilean public policies: the situation of children in alternative care is in transition with some recent reports that identify a mixture of new programmes developing foster care and family-type children's homes considering the importance of a stable and sensitive relationship with carers, but with a few old big institutions remaining and some poor conditions of care still existing.

For many years there was a sustained movement towards children as the subject of 'rights' replacing the correctional view and an emphasis on providing early support for the family. However in the last official report (SENAME, 2013b), new categories were introduced as reasons for placement; these included "child in moral or material danger", "Child living in area of social exclusion" and "family in extreme poverty", which can be interpreted as a setback, considering that in these situations children need to be separated from their families instead of providing financial and social programmes of support to enable the family to overcome the situation of vulnerability. Overall, there has been a tendency in recent Chilean public policies to emphasise the reunion of the child with the biological family as soon as possible and limits have been imposed to length of placement (leading sometimes to more frequent changes in placements in order to achieve these length times targets rather than a real and effective solution). There has been an emphasis in the continuity of family relationships, which includes allowing and promoting visits of biological parents during institutional or foster placements, however the quality of these relationships and the impact of visits for the child is not frequently assessed, creating a potential disruption in the child's wellbeing. Foster care has been introduced as a priority for children under 3 years old. However little evaluation of these measures has been conducted and some initial data indicates significant problems have appeared in the process.

Recent general reports have raised concern for the evaluation of quality of care provided in both settings (SENAME, 2011b) and special commissions have been established for its investigation (Poder Judicial, 2013), leading to the closure of some children's homes and the creation of the National Council for Childhood and Youth in 2014.

4.3.1. Rates

According to the last published statistics (INE, 2012), in Chile there are 4,469,160 children and youth overall, representing 26.86% of the total population. During 2013, due to the violation of their rights, 174,358 of these children were under some kind of protectional measure, such as non-residential, day care centre support (ambulatory care) or residential care (i.e., institutional or foster placement) (SENAME, 2013a). This represents 3.9% of the 0–17 year old population. There are different factors present in children subjects of protectional measures such as maltreatment or abuse (57.2%), school nonattendance (7.2%), drug problems (2.9%), in street situation (1.9%), sexual exploitation (1.2%) and work exploitation (0.6%); (SENAME, 2013b).

4.3.2. Child protection system

The decision for placement of a child in alternative care is made, in all cases, by the judicial system in particular the Family Courts. As outlined above, the child protection system for children and youth in Chile is managed mainly by private institutions supervised and financed partly by the National Service of Minors (SENAME), part of the Ministry of Justice. The SENAME has a diverse remit, dealing with a) child protection (Children's Rights protection, Residential Centers, Diagnosis and Special Programs including Foster Families), b) adoption and c) youth in conflict with justice. This multiplicity of areas to cover can sometimes result in difficulties to achieve an adequate control of the large number of institutions and programmes in the different areas. The SENAME

awards subsidies to institutions (private, charities, ONGs) through procurement according to the number of places available and a variable amount for every child (depending on the type of intervention and increased by factors such as age, complexity, coverage and geographic zone). The subsidization is measured in a unit (Unit of State Subsidy or USS) the value of which is adjusted each year according to the measure of inflation. One difficulty is the USS does not cover the total costs of care and the institutions must generate the missing resources. However, in most of the cases, the institutions have few if any additional resources available (Fundación León Bloy, 2009), which is likely to impact on the quality of care.

4.3.3. Number of children and type of care[2]

In 2013, 18,878 of the 174,358 children in protection programmes lived in some kind of alternative care. This represents 42 per 10,000 of the 0–17 total population. Of those 13,238 (70.1%) lived in children's homes and 5640 (29.9%) in foster care compared to the countries in which data is available, the number of children in alternative care in Chile is in the lower half. It is difficult to know if this reflects the impact of early preventive programmes addressed to support vulnerable families, or reflects more informal family networks still existing (such as grandparents living with the family and taking care of the children) and cultural factors such as the strong family tradition (mentioned by Thoburn (2007) as an important factor in the rates of other countries such as Italy and Spain). Another possible explanation is the difference in methodologies to register data as mentioned in Section 2.

Currently in Chile, there are 253 children's homes programmes, most of which are managed by the private sector (mainly charities or linked to churches), supervised and partly financed by the State. They are usually divided by age (infants, pre-school, and 6 years and up) in many cases also by gender, with some focusing on a specific population (i.e., children with disabilities, pregnant adolescents, children with incarcerated parents). Children normally "graduate" from one home and are moved to another on reaching a certain age. The concept or ethos underlying this measure is that residential placement should be a temporary measure and that children are better cared for when living with others of the same age in order to better meet developmental and educational needs. The emphasis is working with biological family in trying to get parental skills to allow children to return home with their parents. If this is not possible efforts are made to find someone in the extended family suitable of taking the child in care.

This division of age ranges and gender creates difficulties in the stability of affectional bonds with caregivers, and is also an obstacle for groups of siblings staying together. As little data is available regarding the changes of placement, and present data suggesting a high number of children with long placements, efforts should be made to address the damage of separating sibling groups.

In response to international recommendations and new regulations in Chile (SENAME, 2007; UN, 2009), institutions have been changing from big orphanages to small and more 'family like' ones. Indeed, the majority (60%) now have a maximum capacity of 30 children (SENAME, 2013c). The bigger institutions that still exist all have a maximum capacity of under 100 children and, even then, some of them are divided into smaller units with different houses (like the SOS villages), so they are unlike 'traditional', large institutions. However there are a few large institutions still remaining (SENAME, 2013c).

In the last few years the use of foster families has increased and the government has included this as a formal programme with legal support (law number 20,032) since 2005. This had the impact of more financial support for the development of the foster care programme increasing the number of children placed with foster families and reducing the residential placements in a slow, but continuous, trend (i.e., in 2009 18.5% of children in alternative care were living in foster families whilst in 2013 they reached 29.9%). Special emphasis has been on foster placements for children under 6 years old.

There has been little evaluation of the results of these placements and problems have been detected as can be seen in a recent study (Martínez, 2010) where important issues in the recruitment of foster families were mentioned. These relate to difficulties in finding families motivated to foster, the approval of foster parents based more on their motivation than on their real capability for caring, low financial support and difficulties in the supervision of foster families. Another problem mentioned in this report was the fact that in many cases the foster families are kinship and whilst this maintains social and environmental ties, could potentially perpetuate the interactional patterns that generated the vulnerability of the children. Importantly, the foster care system is not centralised. Rather, a number of programmes are run, all by different institutions, and with their own model of intervention.

Similar issues were raised a year later in a report made by the National Observatory of Foster Families in December 2011. Specifically, issues included: difficulties in the diffusion of the programme; a low number of carers available; problems in appropriate selection of foster parents and difficulties with kinship families due to the lack of parental competences. However, some positive experiences were also stated (i.e., the use of validated measures to assess parental competences in some cities) as well as noting that some areas of the country had a preferred option for foster care instead of residential placements (SENAME, 2011a).

In one study with foster carers in Chile compared to Spain, it was found that the great majority of foster parents in Chile were the biological grandparents and they tended to foster groups of siblings. The greater percentage of the carers had a low educational level. According to foster parents' perceptions, the adaptation of the children to the placements was very good. However, in contrast to Spanish, Chilean foster parents had higher number of stressful events and the perception of social support was lower. In both samples the total level of stress had a negative correlation with the level of satisfaction with the fostering experience but in the Chilean sample levels of parental stress were higher and had a positive correlation with the length of placement (Jimenez & Zavala, 2011).

4.3.4. Age of children in care

As can be seen from Table 3, the number of children in residential placements seems to grow in a direct proportion with their age. Thus, the largest percentage of children (26.7%) are between 12 and 15 years old, with another quarter (25.3%) aged 16 plus including

Table 3
Children in residential and foster care by age (Chile).

	Residential care		Foster care	
Age	N	%	N	%
Less than 1 year old	394	3.1	68	1.36
1–3	951	7.7	748	15.03
4–5	778	6.3	635	12.76
6–7	1069	8.65	602	12.09
8–9	1244	10.07	621	12.47
10–11	1433	11.60	586	11.77
12–13	1635	13.24	590	11.85
14–15	1665	13.48	486	9.76
16–17	1560	12.63	463	9.30
18 or more	1567	12.69	177	3.5
In gestation[a]	40	0.32	–	–
No information	11	0.09	–	–
Total	12,347	100	4976	100

[a] In these cases, the adolescent mother is placed in an institution by judicial order to protect her and the unborn child; if an adult, the placement is voluntary.

[2] Numbers for statistics on present situation in Chile are based in SENAME (2013a, 2013b) reports unless stated in references. Numbers have been converted to percentages or rates in order to make comparisons possible.

older than 18 (some living in residential placements for children with disabilities that require more prolonged care). Despite the UN Guidance, one in ten (10.8%) children living in residential care is 0 to 3 years old. However, the number of children 0 to 3 living in children's homes represents a rate of 14 per 10,000 which is similar to the mean rate for Europe (14.4 per 10,000) but considering the wide range of the European region (0 to 60 per 10,000) it is still higher than many countries.

In the case of children placed with foster families, the relationship between age and number is different with a bigger percentage of children from 0 to 3 years old (16.39%) and also higher percentages of children aged 11 + under (65.48%). These numbers can reflect the recent emphasis of placement of children under three years old in Foster Care rather than children's homes when possible.

4.3.5. Placements

4.3.5.1. Reasons for placement. In 2013, the main reasons given for taking children into residential care were parental inability of one or both parents (16%), neglect (14.3%) and in third place "moral or material danger" (11.3%).

In Foster Care, the reasons are the same but a higher percentage is for neglect (36.2%) followed by parental inability (24.1%) and "moral or material danger" (9.5%).

Overall the first two reasons reflect the fact that the majority of children placed in alternative care are not orphans, but are placed outside the family for protection due to neglect. The concept of parental inability as a cause does not provide enough information about whether it can be improved with an adequate support to the family or whether it is a more stable condition that may place the child in a situation for long term alternative care. The third reason as noted previously, was not included in previous reports and it reflects that there are still many children living in alternative care due to reasons more linked to family facing material/financial problems that should be supported in other ways rather than placing the child outside their family.

4.3.5.2. End of placement. In 2013, 6574 children ended their alternative care placements, of these 4758 left residential care and 1816 left foster care. Although placements can only come to an end by virtue of a judicial order, the official statistics stated the following main reasons:

1. Ordered by the judicial system (35.3%)
2. Achievement of the objectives in the intervention plan (24.9%)
3. Relative or other adult assumes the protector role (12%)
4. Moved to other placement (6.35%)[2].

Other frequent reasons for the end of placement were: escape, maximum age for that placement, and resolution of the violation of rights. There are also a proportion of children that leave the placement for adoption.

Overall, reasons for placements are not always clear in relation to the outcomes achieved and if it means an end of alternative care or just a change of placement.

4.3.5.3. Average length of stay. In institutional care, the majority of children that ended placement in 2013 had been in their last placement for more than one year (but less than two). There were also a high number of children placed for less than six months (19%). These numbers however could be hiding the real extent as there is no information available regarding if these children finished institutional placement or were simply moved to another institution. On the other hand there were a large number of children that had lived for 5 to 10 years in their last placement (11%), contrary to the UN guidelines.

In foster care the most frequent length of the last placement was 1 to 2 (33%) years followed by 2 to 3 years (21.1%). The other relatively high frequencies were 1 to 6 months and 6 to 12 months. No high frequencies were observed for longer placements in this group. Again, the lack of data regarding possible changes of placements instead of a real end of placement makes this data difficult to analyse.

> "It is unacceptable that institutions aimed to the protection of children actually restrict their rights, that a boy or a girl suffers violence in their family, home, school or neighbourhood… It is urgent that we make a qualitative jump, and that we actively work in efficient and transversal policies in children's rights".
>
> [Bachelet, 2014]

4.3.6. Summary of Chilean situation

In summary, currently in Chile there is a mixture of old institutions, new more "family-like" homes and Foster Care programmes (including kinship care), with a special emphasis for children under three years old following international recommendations. However, little evaluation has been conducted in the different settings. In addition, some of the reasons for placement (such as "family in extreme poverty" or "material danger") still reflect problems that could be solved in other more preventive ways, supporting the family instead of placing the child in alternative care.

Emphasis has been on stability of family bonds by encouraging family visits, however, the quality of these bonds and the impact of the visits to the children are not always assessed and considered. This together with the concept of parental inability which is not always clarified as being stable or subject to change with intervention, can sometimes lead to longer placements in which the child lives in alternative care and continues to have sporadic or stable contact with the biological family but does not return to it; this does not allow for a longer term plan of care. In terms of assessing outcome, data regarding the end of placement does not always reflect the outcomes for the children and can sometimes hinder changes in placement and instability. Furthermore, emphasis on short term placements can lead to changes and instability, which can have more negative effects on the child than the actual length of time in care, hindering the achievement of a stable and nurturing relationship with a stable caregiver. In this sense, time-length must be considered along with other factors and not as an aim itself. Although a short term placement can be the best alternative for a great number of children, some others may need long term good quality placements that consider a stable carer. Decisions about end of placement must be followed up ensuring it is not just a change of placement in order to achieve institutional timelines and regulations.

Looking at a broader, policy level, despite some important governmental programmes and improvements there remains a lack of resources (human, technical and material) and insufficient State support that can impact on the quality of care provided. Whilst the vision of children as the subjects of rights has been incorporated on a theoretical basis, it is not always implemented in reality, Thus, although the view of children and adolescents is starting to be considered in the evaluation of the programmes, much has still to be done and evaluations of the programmes and quality of care are necessary in order to consider the best way to achieve the needs and rights of the children in alternative care.

5. Conclusions and recommendations

A large number of children around the world live in alternative care, however data is very difficult to compare due to the lack of systematization, different methods for data collection and types of reports available. Countries also vary widely both in the number of children in care and in their public policies. These differences make no single country representative enough of all to be the basis for global public policies. In addition, international recommendations are often based on research conducted

mainly in a few developed countries, with little research conducted in Latin America and less wealthy nations. Thus, de-institutionalisation policies should consider different kinds of children's homes around the world and whether they have different outcomes for children. Similarly, the development of foster care programmes and other types of alternative care should be based on the local situation and characteristics

Table 4
Recommendations for alternative care for Latin America and Chile.

Area	Problem/situation	Recommendations	Comments/details
General	Huge *inequities* in the region and the high concentration of wealth in Chile	Elaborate *public policies* aiming to solve these high levels of social inequities.	The huge *inequities* in the region and the high concentration of wealth in Chile have a negative impact on children, and this is especially true for LAC who are in a most vulnerable situation.
	Weak role of the State, and market regulation of alternative care	There is a need to evaluate the impact this can have on the quality of care for LAC.	Is the role of the State just to pay for services or does it have a duty in guaranteeing the respect of children's rights and providing quality of care for these children?
	Children still not conceived as subjects of Rights in many initiatives.	Develop a centralised governmental body that ensures all initiatives regarding childhood matters have a children's rights perspective	In Chile the recently created National Council for Childhood and Youth could be the instance for this matter.
Data	Lack of comparable data.	*Elaboration of systems for registering data* and evaluating outcomes of alternative care programmes.	Network with other countries of the regions in order to have similar systems for registering data, making comparison between countries possible. Consider the use of the Manual for the Measurement of Indicators for Children in Formal Care (UNICEF, 2009)
Reasons for placement in alternative care	High number of children that are in alternative care due to reasons linked to socio-economic problems.	*Early intervention programmes* should be developed.	Socio-economic problems could be solved with an early support for families, in order to prevent the separation of children from their families.
Residential care	The *criteria* of separating children by gender and age have the effect of separating groups of siblings and frequent changes of placement.	When establishing *criteria* of ages for different placements, the need of stability in the affectional bonds with carers should be taken into account. Impact of separation from siblings should be taken into account when *decisions about the best alternative* care for each child are made.	Separation from siblings and frequent changes of placements due to "graduation" at certain ages that can result in multiple changes of carers can have a negative impact on the emotional development of children.
	In Chile, the need for alternative care to be a *short term measure*, has recently led to the elaboration of *regulations* that institutions must comply with a potential increase in number of placements.	The *length of placement should not be used as an isolated measure* by itself. In order to *monitor* this, when an end of placement is determined, the new and the reasons for that move should be clearly stated.	Maximum lengths of placements have the potential negative effect of generating an increase in the number of placements, with children transferred from one institution to another in other to achieve the time targets. Instead an individual plan considering stability of affectional bonds and the particular requirements should be considered.
	Some countries in Latin America, including Chile, have started to establish a *maximum number of children* per institutions, seeking to develop a more family-like type of care. *No evaluation of the outcomes is available*.	There is a *need to study the impact of these measures in quality of care and outcomes for children*.	Data of evaluation could be compared with other types of care (big institutions or foster care) in these same countries in order to elaborate public policies for children in alternative care.
Foster care	Many countries in the world have faced difficulties in the implementation of foster care programmes. This is an initiative starting to develop in Latin America, and specifically in Chile.	*Supervision and evaluation of the implementation of Foster Care in each country*.	Before decisions are made to close institutions, the foster care programmes must be better established and evaluated to ensure they do not result in lower quality of care, are less supervised or with poorer outcomes than previous institutional care. Care must be taken to ensure it is progress and better for the child, rather than a quick reaction that is not well thought out.
	Initial studies in Chile have shown *low levels of social support* for foster parents.	*Develop social networks for Foster Families*.	This can have an impact on the quality care and on the stability of placements.
	Difficulties in finding families motivated to foster.	*Developing campaigns to motivate*. *Generate better training and support and improve financial aids*.	Difficulties in finding families can lead to accepting foster parents with not always the best capabilities or parental competencies. Hence, before installing a Foster Care programme, the conditions for its success should be provided.
Emotional development of children in alternative care	Preliminary data of research in Chile about attachment with caregivers suggests different characteristics and outcomes from other regions of the world.	The relationship between children and their temporary caregivers needs to be the *focus of studies in this region*.	
	Alternative care policies in the region have only recently started to consider the *importance of the relationship with a caregiver*.	Importance of affectional bonds and emotional development should be a main topic that must be included in *training programmes for all people working with children in alternative care*, from those elaborating public policies and programmes to those directly taking care.	A positive relationship with a stable Carer can potentially be a positive and repair factor for children in alternative care. To make this possible it should be included as a *main topic in alternative care policies* considering training and support for carers and a follow up. For training carers a very good free online resource is the Fairstart programme, with a Spanish version available (Rygaards, 2008)

in order to make them possible to implement (see Table 4 for a detailed description of recommendations in Alternative Care for Latin America and Chile).

Public policies and Child Welfare Services should specifically focus on the achievement of a stable and personal relationship with a primary caregiver, and must also reflect particular conditions of different regions of the world in order to be translated into realities that effectively protect children's rights.

Acknowledgment

This paper forms part of a wider research project, Attachment in Alternative Care, funded by the Chilean National Commission for Research, Science and Technology (CONICYT). CONICYT had no involvement in the writing of the report, nor in the decision to submit a paper. Any opinions are those of the authors alone.

References

AIHW (2013). *Australia's Welfare 2013: In brief.* No 11. Cat.no.AUS 175. Canberra: Australian Institute of Health and Welfare.
Ainsworth, F., & Thoburn, J. (2014). An exploration of the differential usage of residential childcare across national boundaries. *International Journal of Social Welfare*, *23*, 16–24. http://dx.doi.org/10.1111/ijsw.12025.
Alvarez, J. (1994). La experiencia Neoliberal en la Atención a Menores en Riesgo Social. *Infancia en Riesgo Social y politicas sociales en Chile*. Montevideo, UY: Instituto Interamericano del Niño.
Bachelet, M. (2014, March 14). *Mensaje Presidencial. Firma de Decreto de creación del Consejo Nacional de la Infancia.*
Barber, J., & Delfabbro, P. (2004). *Children in foster care.* London: Routledge0-203-34435-9.
Barnardo's (2010). In Loco Parentis. Report available on line in. www.barnardos.org.uk
BIBLIOTECA NACIONAL (2014). leyes de protección a la infancia. *La infancia en el siglo XX. Memoria Chilena* (Disponible en http://www.memoriachilena.cl/602/w3-article-95303.html. Accedido en 28/1/2014).
Bowlby, J. (1951). *Maternal care and mental health.* Geneva, Switzerland: World Health Organisation.
Browne, K. D., Hamilton-Giachritsis, C., Johnson, R., Chou, S., Ostergren, M., Leth, I., et al. (2005). A European survey of the number and characteristics of children less than three years old in residential care at risk of harm. *Adoption and Fostering*, *29*, 23–33.
Children's Commissioner Report (2012). Emerging findings of the inquiry into child sexual exploitation in gangs and groups. www.childrenscommissioner.gov.uk
Children's Rights Committee (2006). *Observación General N° 7 Realización de los Derechos del Niño en la Primera Infancia, CRC/C/GC7//Rev. 1, 20 de septiembre. Párr.32.*
Consejo Presidencial de la Infancia (2006). *Propuestas del Consejo Asesor Presidencial para la Reforma de las Políticas de la Infancia.* Santiago: Gobierno de Chile.
Eurochild (2012, October). De-institutionalisation and quality alternative care for children in Europe. *Working Paper* (www.eurochild.org).
Fundación León Bloy (2009). *Informe Final Proyecto EVA.* SENAME.
Gilbert, N. (2012). A comparative study of child welfare systems: Abstract orientations and concrete results. *Children and Youth Services Review*, *34*, 532–536.
Gilbert, N., Parton, N., & Skivenes, M. (Eds.). (2011). *Child Protection Systems, international trends and orientations.* New York: Oxford University Press.
Goldfarb, W. (1945). The effects of psychological deprivation in infancy and subsequent stimulation. *American Journal of Psychiatry*, *102*, 18–33.
Hamilton-Giachritsis, C., & Garcia Quiroga, M. (2014). Institutional care. In H. Montgomery (Ed.), *Oxford Bibliographies in Childhood Studies*. New York: Oxford University Press.
Herreros, F. (2009). Attachment security of infants living in a Chilean Orphanage. *Poster presented at the Biennial meeting of the Society for Research in Child Development. Denver, Co.*
INE (2012). *Indicadores Nacionales de Población por rangos etarios.* Chile: National Institute of Statistics.
Jackson, S. (Ed.). (2006). *Looking after children away from home: Past and present. In care and after: a positive perspective.* London: Routledge.
Jimenez, J., & Zavala, M. (2011). Estress Parental y Apoyo Social en Familias Acogedoras Chilenas y Españolas. *Infancia y Aprendizaje*, *34*(4), 495–506.
Johnson, R., Browne, K., & Hamilton-Giachritsis, C. (2006). Young children in institutional care at risk of harm. *Trauma, Violence & Abuse*, *7*(1), 1–26. http://dx.doi.org/10.1177/1524838005283696.
Lawler, M., Shaver, P., & Goodman, G. (2011). Toward relationship-based child welfare services. *Children and Youth Services Review*, *33*, 473–480.
Lumos (2013). Impact report. Available on line. www.wearlumos.org
Maluccio, A., Canali, C., & Vecchiato, T. (2006). Family foster care: Cross-national research perspectives. *Families in Society*, *87*(4), 491–495.
Mapp, S. (2011). *Global child welfare and well-being.* Oxford University Press.
Martínez, V. (2010). *Caracterización del perfil de niños, niñas y adolescentes atendidos por los centros residenciales del SENAME.* SENAME.
McCall, R., Groark, C., & Rygaard, N. (2014). Global Research, practice, and policy isues on the care of infants and young children at risk: The articles in context. *Infant Mental Health Journal*, *35*(2), 87–93. http://dx.doi.org/10.1002/imhj21441.
Milanich, N. (2004). The Casa de Huerfanos and child circulation in the late nineteenth-century Chile. *Journal of Social History*, *38*(2), 311–340. http://dx.doi.org/10.1353/jsh.2004.0130.
Muadi, M., Aujoulat, I., Wintgens, A., Matonda ma Nzuzi, T., & Pierrehumbert, B. (2012). Attachment in the abandoned children rise in residential institution in Kinshasa. *Neuropsychiatrie de l'Enfance et de l'Adolescence*, *60*, 505–515.
Ofsted (2011). *Child Care Monitor Children on the state of social care in England.* Reported by the Children's Rights Director for England (www.ofsted.gov.uk).
Poder Judicial (2013). *Informe Estadístico de los niños/as privados de cuidado parental en Chile.* Corporación Administrativa del Poder Judicial.
Pringle, M. L. K., & Tanner, M. (1958). The effects of early deprivation on speech development: A comparative study of 4 year olds in nursery school and in residential nurseries. *Language & Speech*, *1*, 269–287.
Relaf Project & SOS VIllages (2010). *Children and adolescents without parental care in Latin America.* (Buenos Aires. Argentina. www.bettercarenetwork.org).
Rojas, J. (2007). Los derechos del niño en chile: una aproximación histórica, 1910–1930. *Historia (Santiago)*0073-2435, *40*(1), 129–164.
Rojas, J. (2010). *Historia de la infancia en el Chile Republicano, 1810–2010.* Junta Nacional de Jardines Infantiles, JUNJI978-956-8347-44-4.
Rutter, M., Sonuga-Barke, E., Beckett, C., Castle, J., Kreppner, J., Kumsta, R., et al. (2010). Deprivation-specific psychological patterns: Effects of institutional deprivation. *Monographs of the Society for Research in Child Development*, *75(1)*, Boston: Wiley-Blackwell, 9781444338393 (Article 295).
Rygaards, N. (2008). Fairstart program. www.fairstartglobal.com
Schonhaut, L. (2010). Profilaxia del Abandono: Cien años da Protección de la Infancia en Chile. *Revista Chilena de Pediatría*, *81*(4), 304–312 (Retrieved November 28, 2013, http://www.scielo.cl).
SENAME (2007). *Bases Técnicas y Orientaciones para Residencias.* Área Protección de Derechos.
SENAME (2011, Diciembrea). *Observatorio Nacional Programa de Familias de Acogida.* DEPRODE.
SENAME (2011b). *Primera Consulta Nacional a niños, niñas y adolescentes de centros residenciales "Mi derecho a ser escuchado".* DEPRODE.
SENAME (2013a). *Boletín Estadístico Anual Niños/as y Adolescentes atendidos en la Red Sename.* Área Protección de Derechos y Primera Infancia. Departamento de Planificación y Control de Gestión DEPRODE.
SENAME (2013b). *Boletín Temático Anual Niños/as y Adolescentes atendidos en la Red Sename.* DEPRODE.
SENAME (2013, Noviembrec). *Catastro de la Oferta Programática.* Santiago: Departamento de Planificación y Control de Gestión.
Sinclair, I., & Jeffreys, T. (2005). *Fostering now : Messages from research.* London: Jessica Kingsley Publishers, 9781846421372.
St. Petersburg-USA Orphanage Research Team (2008). The effects of early social-emotional and relationship experience on the development of young orphanage children. *Monographs of the Society for Research in Child Development. 73.3*, Boston: Wiley-lackwell, 9781405195997.
Staab, S. (2010). Social investment policies in Chile and Latin America: towards equal opportunities for women and children? *Journal of Social Policy*, *39*(4), 607–626.
Thoburn, J. (2007). *Globalisation and child welfare: Some lessons from a cross-national study of children in out-of-home care.* University of East Anglia Social Works Monographs, 978-1-85784-126-8, 70.
Tizard, B., & Hodges, J. (1978). The effect of early institutional rearing on the development of eight year old children. *Journal of Child Psychology & Psychiatry*, *19*, 99–118.
UNICEF (2010a). *At home or in a home? Formal care and adoption for children in Eastern Europe and Central Asia.* UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS).
UNICEF (2010b). South Africa report. Protection for orphans and vulnerable children — Alternative care. www.unicef.org
UNICEF (2013, Septiembree). *La Situación de los niños, niñas y adolescentes en las instituciones de Protección y Cuidado de América Latina y el Caribe.* Protección de la Infancia.
UNICEF/Better Care network (2009). Manual for the measurement of indicators for children in formal care. www.bettercarenetwork.org
UNICEF-LAC (2013). A call to action to end the placement of children under three years of age in institutions. www.unicef.org
United Nations (2009, December 18). *Guidelines for alternative care for children.* United Nations General Assembly A/RES/64/142 (www.un.org).
Whetten, K., Ostermann, J., Whetten, R., Pence, B., O'Donnell, K., Messer, L., et al. (2009). A comparison of the wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PloS One*, *4*(12), e8169. http://dx.doi.org/10.1371/journal.pone.0008169.
Zeanah, C., Smyke, A., Koga, S., & Carlson, E. (2005). Attachment in institutionalized and community children in Romania. *Child Development*, *76*(5), 1015–1028.

PART II

Chapter 3

Attachment Based Practices in Residential Care and the role of managers' beliefs: a study with a sample of Children's Homes in Chile

Chapter Rationale

Chapter 2 provided an overview of the situation of looked after children in Latin America and Chile, it revealed that the majority of children living in AC in Chile are placed in RC and that public policies are being oriented towards a change to FC. However, no evaluation of local conditions and outcomes for children, in terms of attachment and other outcomes has been made. Therefore, in order to evaluate the characteristics of RC in Chile, chapter 3 explores attachment based practices in a sample of Children's Homes and managers' beliefs regarding attachment relevant issues.

Submission

Chapter 3 has been submitted to *Attachment and Human Development* (authors: Manuela Garcia Quiroga and Catherine Hamilton-Giachritsis).

Introduction

Studies have indicated that children can establish affectional bonds not only with their parents but also with other significant figures (van IJzendoorn, Sagi, & Lambermon, 1992). This is especially important for children living in Children's Homes, where they can potentially build some form of secure attachment with their Caregivers and this bond can be a crucial factor for their development and future emotional life. In Chile, as well as in many other countries of Latin America, a large number of children live in RC; in Chile, there are 42 per 10,000 children in AC, of which 70.1% are in RC (Garcia Quiroga & Hamilton-Giachritsis, 2014). However, little has been published regarding the quality of care they are receiving and to what extent the conditions allow/facilitate a personal and close affectional relationship with their caregivers (Barone, Dellagulia, & Lionettti, 2015). Furthermore, the role of managers, their beliefs and how these impact on practices in Residential Homes have not been addressed.

Historically, there have been differences among institutions around the world, with some countries being more focused on physical care while others have seen emotional development and attachment as important issues in RC (Lawler, Shaver, & Goodman, 2011; Garcia Quiroga & Hamilton-Giachritsis, 2014). There is also a wide variation in the size of RC, ranging from small, family-type homes (e.g., with only a few children in each unit or house) to large, almost 'industrial' institutions with several hundred children and very little personal care. Some of that variation occurs within countries, but there are also variations between different parts of the world and caution needs to be taken when applying North American or European research to other countries and cultures which can be very different in the characteristics of care provided and outcomes for children. What can be a good recommendation for a developed country may not be applicable in other parts of the world and local conditions need to be taken into account when developing public policies. For example, a recent meta-analysis indicated

that children raised in Eastern European institutions have higher rates of insecure and disorganised attachment when compared to other institutions around the world (Lionetti, Pastore, & Barone, 2015). In Chile, there have been a number of recent changes in regulations and laws in order to improve conditions of children in AC. Little analysis has been done so far on the common practices and quality of care but initial studies have shown higher rates of secure attachment when compared to other institutions in Europe and U.S.A. (Garcia Quiroga, Hamilton-Giachritsis, & Ibañez, in submission; Herreros, 2009; Lecannelier, Silva, Hoffmann, Melo, & Morales, 2014). An important question, therefore, is what factors may influence rates of attachment styles in these settings.

Some factors have been studied to explain differences in outcomes for children regarding quality of attachment in Children's Homes, including structural characteristics, quality of care, caregivers' sensitivity and child's history of placements (Garcia Quiroga & Hamilton-Giachritsis, 2016a; Lionetti, Pastore, & Barone, 2015). Structural changes refer specifically to smaller group size, a primary caregiver or 'key person' system, caregiver stability (fewer caregivers per week per each individual child) and the implementation of 'family hours' as a daily routine. Structural changes and staff training, together, have been shown to be important factors to improve socio emotional development and attachment styles in children living in RC (St. Petersburg USA Orphanage Research Team, 2008; Smyke, Domitrescu, & Zeanah, 2002; Sparling, Dragomir, Ramey, & Florescu, 2005). The only study reported in Chile, was conducted in an infant's Home where staff training (centred on attachment promotion) was the only change implanted, which led to reported positive results in infants' social and object orientation, and activity/reactivity levels but no changes in attachment patterns possibly due to the absence of structural changes supporting training intervention (Lecannelier, et al., 2014).

One important figure in Children's Homes is the Manager or Director, who can organise carers' shifts and daily practices. However, little has been studied regarding the *extent* to which managers influence the practices taken in the Homes they manage and, particularly, if their beliefs have an impact on the way their teams work and what outcomes children have.

Research conducted in educational settings for decades has emphasised the importance that Head teachers' expectations and beliefs have in outcomes for children (Palfrey, 1973; Robinson, Lloyd, & Rowe, 2008; Rodriguez, 2000). One review concluded that this effect tends to be indirect with a mediating role of teachers' work (EPPI, 2003). Thus, it could be hypothesised that managers of Children's Homes may have an important influence on children's outcomes, especially in children's attachment to carers, and that this effect may occur due to the influence managers have on carers and in the practices in each Home. Leadership in Children's Homes has some particular characteristics, tending to focus on the relationships established within the Home and with the management line (Ward, 2014). One study (Hicks, 2008) indicated that the role of managers of Children's Homes was linked to children's outcomes and that a central element in this process was the development of a cooperative team with clear goals, the transmission of the "approach to work" (pp. 249) and the development of a shared culture and values. managers potentially had great influence over their staff and children in their care, specifically by developing "caring relationships for individual children" (pp.247) and creating a system of keyworkers who were aware of children's needs. The importance of managers' role in RC was also mentioned by Graham and Fulcher (2016) who emphasised the need of rmanagers' expertise and the development of 'needs-led' and shared vision. However, to the authors knowledge, the study presented in this paper is the only one exploring *beliefs* of Children's Home managers regarding attachment, and the potential impact on children.

Therefore, the aim of this study was to explore managers' beliefs regarding attachment and related practices in a sample of Children's Homes in Chile. Attachment based practices include stability of staff, caregiver ratios, attachment training and quality of care, as well as some specific innovative practices. The secondary aim was to consider potential factors and future developments required to improve the conditions of children living in these settings. The main research questions were:

1) Are attachment-based practices being implemented in Chilean Children's Homes?
2) What beliefs about attachment are held by managers in Children's Homes?
3) Are managers' beliefs about attachment related to the quality of care provided to children and to specific practices?
4) Are managers' beliefs correlated with children's outcomes?

Method

Two of the three regions of Chile with the biggest number of Children's Homes were selected for the study. All Homes in these regions, which met the inclusion criteria (i.e., excluding Children's Homes exclusively for children with severe disabilities; or those which had mothers and children living together) were invited to participate (N=48). Two Homes were closed during the process of recruitment. Of the Children's Homes approached (N=46), 17 managers agreed to take part (37%). Participation was voluntary and confidential. Larger sized Homes more often refused to participate in the study or did not answer at all.

The wider study comprised of several parts: information collected from the managers, observations of quality of care in the homes, focus groups with carers (Garcia Quiroga & Hamilton-Giachritsis, 2016b), and assessment of attachment representations in children (Garcia Quiroga, Hamilton-Giachritsis, & Ibañez, in submission). This paper presents data from two

aspects: first, questionnaires sent to managers of the institutions (N=17). The 17 children's homes housed 457 children in total (Table 1 provides a breakdown by size, age and gender). In the second phase, field work was conducted in all Homes that housed children aged 3 to 7 years old (inclusion criteria for the attachment representations study) to gather information regarding quality of care provided and practices (n=8).

Instruments

The following instruments were used to gather information regarding attachment based practices:

Managers' questionnaire. This questionnaire (Appendix 1) was adapted from one used in a European-wide study (Browne et al., 2005) funded by the EU Daphne programme and supported by the World Health Organisation. It was translated into Spanish and some questions reworded according to specific characteristics of Chile (i.e., "national government" was replaced by "Children's National Services"). The main adaptation was to include children of all ages as the original version was designed for children 0 to 3. The questionnaire gathered demographic information about children and staff, and family visits. A section was added to gather information regarding practices that can potentially facilitate a secure attachment (e.g. caregiver ratio, key person system, training in attachment).

A second, new element (Section II) was an inventory of beliefs, developed in a previous pilot program conducted with carers of five Chilean Homes where theory-driven beliefs regarding attachment were discussed in groups. This inventory listed 17 beliefs regarding attachment in children living in RC in a 5-point Likert scale. Each item can be analysed separately according to the degree of agreement with it, additionally each item can be given a score of 1 if the answer was considered in accordance with attachment promotion (theory

driven) or 0 if it was not, and a total "optimal" score could be obtained by adding individual items.

HOME Inventory. The Observation for Measurement of the Environment (HOME) Inventory - Child Care version (Caldwell & Bradley, 1984) was used to measure quality of care**.** It was completed by the researcher during an observation (minimum 1 hour) and an interview with the Caregiver. It provides a general score and comprises eight sub scales, total scores range from 0 to 58 with higher scores indicating better quality of care. It has been used in a wide variety of studies including foster homes and child care homes and has shown good validity (r=.61) and reliability (r=.982) (Bradley, Caldwell, & Corwyn, 2003). Studies have linked scores in this inventory with quality of attachment (Zevalkink, Riksen-Walravenn, & Bradley, 2008).

Additionally, as part of the wider study, the Strengths and Difficulties Questionnaire-Spanish version (SDQ-SpV; Goodman, 2001) was completed by carers in order to explore outcomes for children in each Home, in terms of emotional, behavioural and social difficulties. Spanish norms were used to classify children according to their total SDQ score (Universitat Autonoma de Barcelona, 2011). The SDQ has a satisfactory internal consistency, with a Cronbach alpha coefficient of .73 (Goodman, 2001).

Procedures

Questionnaires were sent to those managers who agreed to participate in the study after reading the participant information sheet (Appendix 2) and signed a consent form (Appendix 3). Each questionnaire had an ID number rather than institutional name to ensure confidentiality of the data.

Those institutions that housed children aged 3 to 7 years old (n=8) were invited to participate in phase II of the study and all agreed (100%). These Homes were visited by the

main researcher and a research assistant to conduct the HOME inventory and observation of practices (an average duration of approximately 4 hours), plus questions to carers. For the HOME general score, inter-rater reliability was conducted (cronbach's alpha=.98).

Ethics

This research was approved by the STEM Ethics Committee at the University of Birmingham (ERN_13-0830) and by the local body of each institution in Chile. Participation was voluntary, consent forms were signed by all managers and all data was confidential.

Results

Demographic Information

Description of the Residential Programs. Children's Homes participating in this study were relatively small, with 82% having 25 or fewer children (Table 3.1). The majority of Homes (64.7 %) had one or more children with disability (*M=3),* however, none were exclusively for children with severe disabilities as this was an exclusion criteria. Homes tended to be segregated by gender (53%), especially the ones with older children. All, except one, were segregated by age with children 'graduating' to a different Home when reaching a certain age. Thus, some sibling groups were split up and many children had more than one placement with separation and changes in caregivers.

Characteristics of children. The largest age group of children living in Children's Homes was 6 to 11 years; the most common placement reason was maltreatment; none were orphans and very few abandoned (Table 3.2). According to Chilean legislation, the term "abandonment" refers to a situation in which parents fail to provide appropriate parental care (including neglect), this might be different to other countries in which this term refers to a child being 'left' by their parents in an institution. Therefore, this term can be misleading as neglect

is also defined as a type of maltreatment. In terms of length of placement, data indicates good compliance with standards for RC but this can be misleading due to previous placements. In fact, two-fifths of children (41%) had at least one previous placement and in three Homes the percentage of children with previous placements reached 78%. The main causes for end of placement was returning to live with their biological family, but not always with parents (kinship care).

Description of Staff. There was a large variation between Homes regarding training and stability (Table 3.3). The general trend was having staff with low levels of formal qualification, and some carers working for a very long time in each Home. All Homes had at least one Psychologist and Social Worker as part of the team. The majority had volunteers working directly with children (*n*=12), mostly with fixed term contracts (i.e., the time frame was specified at the onset). Criminal record checks were not always undertaken.

Table 3.1.
Characteristics of Children's Homes participating in the research (*N*=17)

Characteristic		
	n	*%*
Size		
Range	14 - 74.	
M (SD)	26.88 (16.64)	
Small (>= 25)	14	82.4%
Medium (26-60)	1	5.9%
Large (<60)	2	11.7%
Age Segregation	16	94.1%
Gender Segregation[1]		
Single gender	9	53%
Mixed gender	8	47%
Disability Inclusion		
Yes	11	64.7%
Mean	3	
Range	0 – 13	
No	6	35.3%

[1] Mixed gender more frequent in Homes with younger children (0 to 6)

Table 3.2.
Characteristics of Children in the 17 Children's Homes (*N*=457)

Characteristic	**Description of the sample**	
Age		
0-3	15.3%	
3-6	20.1%	
6-11	40.0%	
12 or older	24.5%	
Causes of placement	Main causes:	
Maltreatment	73 %	
Parental drug addiction	13 %	
Abandonment	6%	
Poverty	2%	
Orphan	0 %	
Length of placement	*M*= 23 months (range 9 - 36).	
Previous placements (PP)		
Had at least one	41% *	
End of placement		
Returned to family	23%	
Parents		50%
Other family member		50%
Adoption	11%	
Foster Care	2%	
Another Residential Home	5% **	
Scape	5%	
Remained in same placement	51%	

***** In three institutions percentage of children with PP reached 78%.
******However 30% of the Homes routinely refer children to another institution when they reach a certain age.

Table 3.3.

Characteristics of Staff directly caring for children (*N*=199)

Characteristic	**Description of the sample**
Number of Staff	
Mean *(SD)*	11.71 (3.38)
Range	7-21
Qualification	29.14% *
No qualification	70.85%
Stability 1 (Time working in years) **	
Mean time (*SD*)	6.19 (4.7)
Median	4
Longest time	26
Shortest time	< one month
Stability 2 (Left work)	
Mean number left last year (*SD*)	3 (2.53)
Range	0-8
Percentage Homes lost 2 or less members	47.1 %
Percentage Homes lost more than 5 Members	35.3%
Volunteers	
Had Volunteers	70.6% ***
Mean number of Volunteers (SD)	5 (3.97)
Range	2-13
Median	3
Mode	3
Kept Criminal Records	63.6 %
Kept Medical Records	9.1 %
4 hours per week or less	72.7%
Had length of time accorded (6/12 months)	58.3 %

***** Large variation: some Homes (17.64%) have all the staff trained, some half and some no staff with further studies (29.4%) after primary or secondary school.

** Distribution across Homes was variable, with some of them showing greater stability than others. The general trend was having some carers who had worked for a very long time.

*** All except one, in direct contact with the children. Tasks included play, religion, personal development, support in medical appointments or social work.

Attachment Based Practices

Attachment based practices were explored through questionnaires and observation; again, variation between Homes was found.

Ratios and organisation of shifts to provide stability. The mean number of children per adult was 8.5 (Mode=10, Range 4-14). More than half the Homes had ratios of 9 or less children per adult and 35.3% had 6 or less; however, 21.8% had more than 10 children per adult. A mean of 8.4 adults were in direct care tasks with each child per week (*SD*=3.914, Range=3-18).

A quarter of Homes organise their shifts to promote stability and facilitate a more personalised contact with children, having four or fewer different adults per child in a week period. However, in one Home this reached 18 adults and 12 adults in another two Homes.

Key person and daily routine. Only a small percentage (17.6%) of Children's Homes has a key person system. Main tasks of this key person related to having children in groups and maintaining stability during routines of bathing, feeding and homework.

Over half (58.8%) of managers state they consider attachment matters when planning the daily routine. However, the description of the way this is done was, in most cases, very vague and imprecise (i.e., "having empathy with children", "stimulating their participation"); in other cases this was more clearly specified (i.e., designating a key person, planning shifts, generating a 'family hour').

Emotional Involvement. Most managers encourage their staff to get involved with children (68.7%); however, approximately one-third (31.3%) said they encourage their members of staff *not* to get emotionally involved with the children, which hinders the possibility of generating a supportive and emotional bond with them.

Attachment training. The majority of Homes have staff with some level of training in attachment (87.5%). The percentage of staff trained and the type of training varies across Homes (Mean=50% of the staff trained, Range=10-100%). Type of training consisted mainly of seminars (57%) and 'under-graduate studies' (21.4%), which implies only professionals have this type of training (which, as mentioned before, is a small proportion of the staff). No Home had an intervention program specifically targeting an improvement in attachment-based practices involving all staff.

Division in small groups within a big institution. In The majority of big institutions, children were divided into smaller groups by age or gender. However, in some this was done mainly for practical reasons (i.e., available space in rooms), while in others this was an active measure to allow more personalised and family-like contact with children creating a 'small family' with its own routines and spaces (i.e., toilet, living room, and dining table).

Other specific practices (that can facilitate attachment)

This section describes some specific practices, performed in only some Homes**.**

Family Hour. One of the big Homes that divided the children in smaller groups by age (each with stable caregivers) had a daily 'Family Hour'. Every day at tea time the small group get together with their caregiver around their table (not in the main dining room) to have tea and talk about their day, things that happened, how things went in school, etc. This routine resembles family dynamics and gives them a sense of belonging, also ensuring the caregiver shares important events with children.

Personalisation of rooms and objects. In some Homes (50%) each child had his or her own clothes, shoes, books and teddy bears/dolls and a personally named space in which to keep them. Children were allowed to decorate their rooms and have personal belongings near their

beds. In other Homes (37.5%) only some of these practices were held and in others (12.5%) all objects are shared and no personal spaces could be seen, which can reflect the approach Caregivers and managers had with children.

Inclusion of siblings. In one Children's Home, siblings were placed in the same bedroom to promote family identity. In the same Home, linked adoption was also promoted. However, in most Homes this was not possible as they were divided by age and/or gender, thus siblings were separated and placed in different Homes.

Beliefs about Attachment

Overall, the vast majority of managers had beliefs about attachment that can potentially facilitate the development of a supportive relationship between carers and children in their Homes (Table 3.4). The majority of them correctly identified key attachment concepts and reported that the role of carers is important and can have a reparative role for children. Furthermore, 100% of managers agreed that involvement and stability is good and should be promoted. However, some managers reported ideas and beliefs about attachment that either reflect important gaps in knowledge or who have quite negative perceptions (which may affect the measures they take for the wellbeing of children in their Homes).

Table 3.4

Managers' beliefs (as percentages in each category of agreement)

SA/A= Strongly Agree/Agree. **Nor**= Not agree nor disagree. **D/SD**= Disagree / Strongly Disagree

	SA/A	Nor	D/SD
1. It is normal for a child of two years to cry or show discomfort when separated from their carers.	82.4	5.9	11.8
2.It is not good for children living in a Children's Home to get involved with his/her carers because afterwards they will have to leave and will suffer.	0	0	100
3. It is better to change the carers often so that they don't get involved with the children.	0	0	100
4. The carers should treat every child in exactly the same way without considering their differences.	5.9	5.9	88.2
5. A child that has been separated from his/her family for his/her protection will have an attachment problem all his/her life.	0	29.4	70.6
6. In their relationship with new carers, children can repair damage caused when they lived with their families	52.9	29.4 *	17.6 *
7. No one can repair the damage made by a mother that did not care properly for her children.	0	5.9	94.1
8.If the carers relate to each child as a unique and special someone, the child will feel worthy of being loved.	88.2	5.9	5.9
9. It is very important that the adults are aware of the signs of the child, especially in the first two years.	100	0	0
10. Attachment is only formed at the moment of birth	0	5.9	94.1
11. A child with secure attachment will not be affected nor will he/she cry when separated from his/her mother or primary caregiver	23.5 *	11.8	64.7
12. An adult who helps to emotionally contain the child and give him unconditional love is essential to repair the damage in maltreated children.	82.4	5.9	11.8
13. A lack of secure attachment in childhood can be modified even in adult life with a relationship in which the person can experience unconditional love and acceptance.	64.7	29.4	5.9
14. A child who was maltreated can be a very good parent as an adult if he/she had at least one significant adult that treated him with love and acceptance.	82.4	5.9	11.8 *
15. A child with an attachment disorder may act as if he/she didn't mind other people, as if they were only objects because they also have been treated as objects without acceptance or containment.	88.2	5.9	5.9
16. Children with an insecure attachment always cry a lot.	23.5 *	64.7	11.8
17. It is a good sign when we see a child living in a children's home, being very friendly to every new person that arrives.	5.9*	47.1 *	48.0

*Items that reflect gaps in knowledge or negative perceptions

Links between Managers' beliefs and quality of care provided

Homes included in this study had wide variation in their quality of care as measured by the HOME inventory. (Table 3.5).

Table 3.5.
HOME Scores for the current sample (*N*=8) compared to median scores from the normative data (*N*=277, Caldwell & Bradley, 1984)

	Mean	*SD*	Median	*N*	Max. Possible	Normative data (Median)
HOME TOTAL SCORES	29.13	3.643	45.5	8	58	40
HOME learning materials	7.00	2.000	8	8	11	6
HOME Language Stimulation	5.75	.463	6	8	7	6
HOME Physical Environment	6.00	.756	6	8	7	6
HOME Responsivity	5.63	.916	6	8	8	6
HOME Academic Stimulation	2.88	2.100	3	8	5	3
HOME Modelling	5.50	.756	6	8	7	5
HOME Variety	5.25	2.053	5	8	9	6
HOME Acceptance	3.88	.354	4	8	4	4

*For further details of the characteristics of this sub-sample of eight Homes see Garcia Quiroga & Hamilton-Giachritsis (2016b)

As can be seen from Table 3.5, Median HOME scores in this sample of Chilean Children's Homes were similar to previous child care samples (Caldwell, & Bradley, 1984). However, as a general trend, residential homes included in this study had scores classified as medium (Mean=29.13). Correlational analysis showed that managers' beliefs were associated with quality of care, specifically with the subscale 'Caregivers' Responsivity' which was significantly correlated with managers Total Score in beliefs (p=.011; rho=.827). This means that more positive manager's beliefs about attachment as a whole, were correlated with the aspect of quality of care defined as staff having better responsivity to children's needs. Some specific beliefs were also correlated with responsivity (Table 3.6); no other effects were found.

Table 3.6

Correlations between managers' beliefs and carers' responsivity to children

Belief	***Rho***	***p***
"Attachment is formed only at the moment of birth"	-.761	.028
"Children with secure attachment don't cry"	-.979	.000
"To cry in separation is normal"	.729	.040
"Maltreated children can be good parents if they have a significant adult that provides love and acceptance"	.877	.004

Links between manager's beliefs and attachment based practices

Managers who scored higher in optimal beliefs were more likely to establish a shift system in their Homes that ensured children had contact with a lower number of different carers per week, promoting stability in caregiving figures (Fisher's exact test=.007) with a large effect size (phi=-.775). The majority of managers who scored high in optimal beliefs (80%) had a system of shifts with 4-8 different carers per single child, per week, while none of the managers scoring low did so (100% had shifts systems with 9-18 carers per single child). In terms of ongoing involvement, managers who scored higher in Optimal Beliefs tended to have follow up records after children leave while those with lower scores did not (Mann Witney U =.007)

Links between managers' beliefs and outcomes for children

The relationship between managers' beliefs and children outcomes (as measured by the Strengths and Difficulties Questionnaire as part of the wider study) was explored using Pearson product-moment correlation coefficient. Preliminary analyses were conducted to ensure no violation of normality. Scores in managers' optimal beliefs were negatively correlated with total mean score in SDQ questionnaire of children living in that Home, with a large effect size (p=.002, r=-.906), i.e., children had fewer difficulties in Homes leaded by managers with a high score in optimal beliefs.

Discussion

The first aim of this paper was to explore attachment based practices in this sample of Children's Homes. A wide variation between Homes was observed in terms of child: caregiver ratios, this implies that even though there are norms and regulations, some managers organise their teams according to a more personalised view of the child: caregiver relationship while other do not focus in this aspect. The mean number of children per caregiver was 8.5, which is in line with international and national recommendations of 1:8 ratio for this age group (CCRI, 2016; SENAME, 2007) and is a good indicator of a possibility to facilitate child caregiver attachment. However, there is still a concerning 21.8% that have more than 10 children per adult which decreases the chance of providing personalised attention and an adequate response to children's signals and needs. That is, one in five of the Homes studies, with 199 children living in them.

A positive practice that was implemented in the majority of Homes is the promotion of involvement by managers explicitly encouraging their staff to get involved with children beyond just providing routine, physical care. This is very positive and reflects knowledge and awareness of the importance of attachment in the context of AC, which can potentially lead to good practices in Children's Homes. However, as previously described, there is a concerning number of managers who encourage their staff not to get emotionally involved with the children. This has important implications for their well-being and development.

Two frequent practices reveal difficulties in the implementation of attachment-based care. First, the absence of a key person system in the vast majority of Homes (82.4%). Second, the fact of children are being segregated by age (with children being periodically "promoted" to a new home when reaching a certain age), which carries changes in caregivers and the breaking of emotional bonds with significant adults and children.

Some characteristics observed in this sample can potentially be positive factors in the development of attachment based practices. First, the average length of placement in this sample was very different from other institutions across the world in which children spend a large period of their lives in RC. This goes in accordance with the national and international guidelines that recommend placements in AC should be a short-term measure. However, this data may be misleading due to frequent changes of placements for a high percentage of children, which means that although each Home appears to comply with standards, overall the child has a lot of placements and instability. Second, the fact that all Homes have at least one psychologist and one social worker as member of the staff (usually as manager), could potentially have a positive effect on quality of care and inclusion of attachment based practices. However, this study has shown that outcomes for children depend on managers' training and beliefs; hence that should be a priority. Third, all Homes tended to have some very long-serving caregivers, which can potentially be a good factor for stability in care and affectional bonds (but was mediated by quality of care).

The second aim of this paper was to explore managers' beliefs regarding attachment. The majority of managers had adequate beliefs that can potentially facilitate the development of an appropriate and sensitive caregiving in their staff and some structural conditions in the homes they manage. For example, the majority of managers correctly identified key attachment concepts and agreed with the fact that attachment should be considered and promoted. However, as noted, a small number of managers have beliefs that are concerning and should be addressed. For example, the belief that children should not cry or be affected when they are separated from their significant caregiver, which can result in an expectation of children not expressing their emotional needs and fears, and subsequently not working with caregivers to being receptive to these needs. This belief can also hinder the possibility of detecting children

with an avoidant attachment style. Similarly, a small percentage of managers could not recognise indiscriminate friendly behaviours in children, believing it was something normal or desirable, and others mentioned they were not sure about the topic. This again, can hinder the possibility of detecting children whose behaviours reflect difficulties in attachment (i.e., no opportunity of establishing an attachment) and can place them in danger when approaching strangers. Other beliefs mentioned by a minority but that should be addressed refer to the impossibility to repair the damage, and the inevitability of a difficult life in future for these children.

Although these beliefs are present in a small percentage of managers, they reflect wide differences between Homes. Norms and standards should ensure all managers have good quality training in attachment and workshops should be included to explore their beliefs and the extent to which these influence practices.

The third aim of the study was to explore the link between managers' beliefs, quality of care provided and practices implemented. Regarding quality of care, associations were found between managers' beliefs and sensitivity in caregivers. We can hypothesise that when managers have positive beliefs about the importance of attachment in RC context, they can guide and stimulate caregivers to be more sensitive and respond contingently to children's needs. Similarly, managers who disagree with the idea of attachment being formed only at the moment of birth are likely to place more importance on the relationship caregivers establish with children due to the belief of this having a significant impact in children's life. In an opposite direction, the mistaken beliefs regarding expected behaviours in secure children can influence the directions managers give to caregivers, hindering the possibility of contingent responses to avoidant children (whom could be interpreted as secure by them) and also reading

normal reactions to separation as something that should be changed, and not upheld or contained.

Regarding the links between beliefs and practices, managers' beliefs had a strong negative association with instability of caregiving (measured as number of different caregivers in a week period). It is possible that managers who believe attachment to caregivers is important may promote the stability of the caregiving figures to each individual child by organising shifts with a child-centred approach. However, even though the majority of managers have positive and adequate beliefs regarding attachment, many of them fail to implement these ideas in practice; they seem to have the concepts, but lack of specific ways to implement practices according to this. This can be linked to insufficient or overly theoretical training in attachment.

The fourth aim was to explore the links between managers' beliefs and outcomes for children. Interestingly, managers' optimal beliefs were negatively correlated with socio-emotional and behavioural difficulties in children living in the homes they managed. It is possible that managers who are aware of the importance of attachment and child: caregiver relationship may promote better practices in the homes they manage, more sensitive care in their teams and more appropriate and child-centred conditions, all of which can impact children's emotional and social development. In contrast, managers who are unaware of these factors or who lack information may lead their teams and homes to a more routine and impersonal care to the detriment of children's development.

Limitations

The main limitations of this study are the small sample size and the fact that participation was voluntary, which could mean only Children's Homes with a better quality of care chose to participate. However, within the sample a range of different quality scores and practices was observed, which mitigates this concern to some extent. No previous assessment

regarding managers' beliefs before the start of their role as managers was available, their beliefs could potentially have an impact in the Home they chose to work in and this could be a confounding factor. Another limitation is the fact that some data came from self-reported questionnaire and can be influenced by social desirability, however concrete and structured (demographic) information was asked for and observation was also conducted in a proportion of the sample.

Conclusions

Several factors and practices were observed that can facilitate attachment between children and caregivers. However, the great variations between residential homes regarding these factors and practices meant that the positive benefits were only available to children living in certain Children's Homes while for children living in other Homes the existent practices may hinder their emotional development.

As a whole, managers' beliefs in this study are in line with important topics that are relevant for attachment, and have a positive impact in practices and outcomes for children. In some cases, though, a gap between theory and practise needs to be addressed. In other cases, some specific beliefs (i.e. the belief that children should not cry or be affected when they are separated from their significant caregiver) appear to hinder the possibility of a good quality attachment. This requires further training for caregivers in order to develop beliefs that include an attachment or relationship-based perspective (including theoretical and practical implementations). Wide differences between countries have been observed regarding the length and quality of training required to work in children's Homes, for example in Chile no specific training is needed while in Greece caregivers usually have a college degree or diploma in child care (Agathonos-Georgopoulou, 2005) and in Denmark, caregivers follow a three-year training program (Leth, 2005). The design and implementation of a national plan of intervention with

managers that considers attachment as a framework and includes training and structural changes (i.e., child:caregiver ratio, number of different adults per children, stability of groups and key person system) would be desirable in order to ensure relationship and child-centred practices reach every child living in RC.

As has been shown in other countries (St. Petersburg USA Orphanage Research Team, 2008; McCall et al., 2010), structural changes as well as adequate training is needed, in order to provide better care. Future research in Chile and Latin America can provide more feedback to elaborate a national plan of intervention to improve standards in all children's Homes.

PART II

Chapter 4

"Getting Involved": A Thematic Analysis of Caregivers' Perspectives in Chilean Residential Children's Homes

Chapter Rationale

Chapters 2 and 3 revealed an important number of children living in RC in Chile and characteristics of some of these settings that could potentially facilitate (or hinder) the development of a secure attachment with carers. Managers tended to promote emotional involvement from carers towards children. One of the factors that was associated with managers' beliefs was caregivers' sensitivity. To explore the way this is actually being experienced by carers, Chapter 4 focuses in their experiences, through a thematic analysis of focus groups conducted in Children's Homes.

This chapter was published in *Journal of Social and Personal relationships* in 2016. (Authors: Manuela Garcia Quiroga and Catherine Hamilton-Giachritsis). Permission was granted from Sage for its use in this thesis. An additional figure of the proposed model (Figure 4.1) is included at the end of this chapter. Relevant Appendices for this chapter are 3 (Participant Consent Form), 4 (Information Sheet), and 5 (Focus Group Schedule).

JSPR

Article

Journal of Social and
Personal Relationships
1–20

DOI: 10.1177/0265407516637838
spr.sagepub.com
SAGE

"Getting involved": A thematic analysis of caregivers' perspectives in Chilean residential children's homes

Manuela Garcia Quiroga[1] **and Catherine Hamilton-Giachritsis**[1,2]

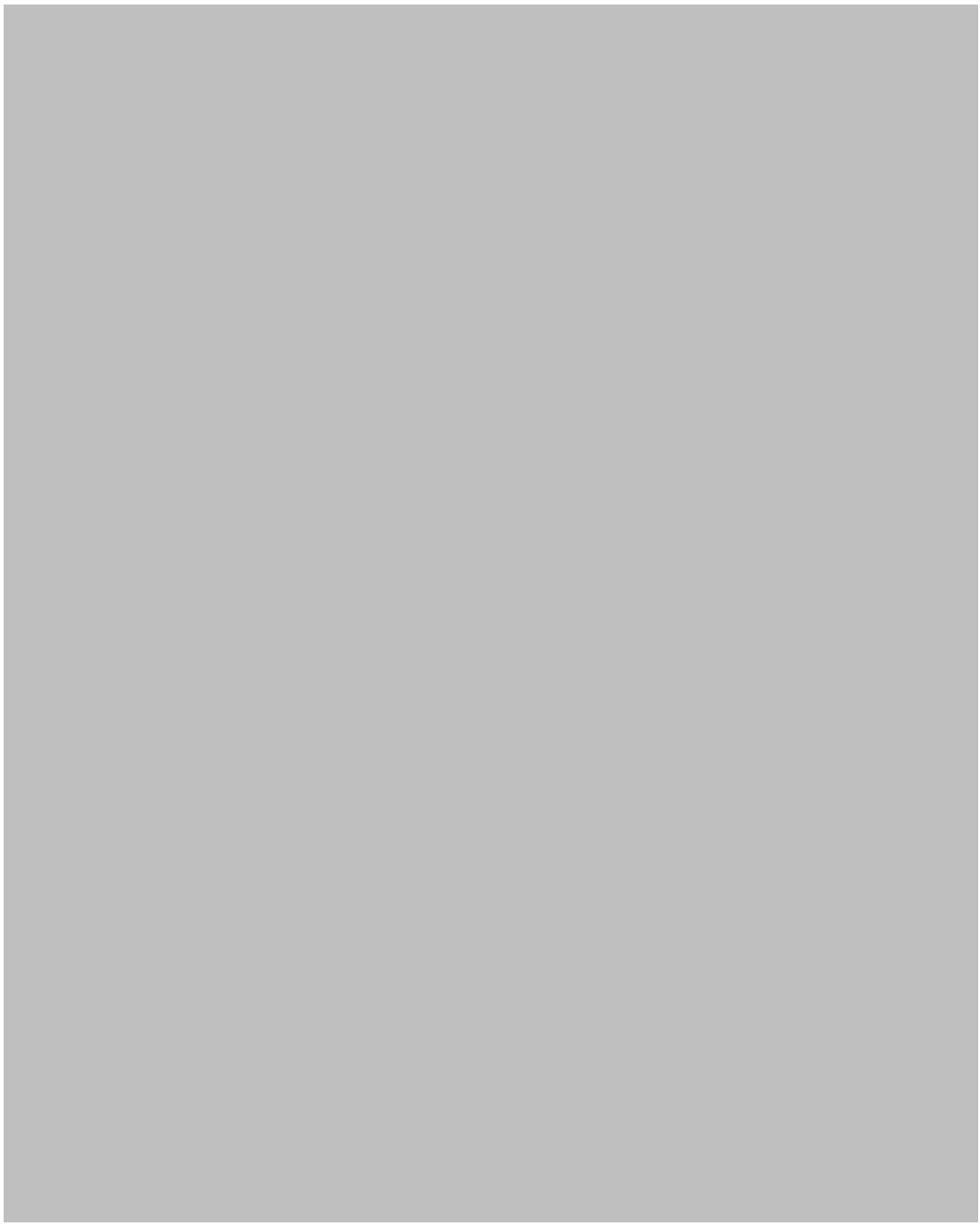
Abstract

A large number of children around the world are currently living in residential children's homes and a central figure in those settings is the caregiver. The relationship children establish with their temporary caregivers can be a crucial factor in their lives. However, little research has been conducted with caregivers working in institutional settings regarding their experience and the relationship they establish with the children they care for. This article presents the results of a qualitative study conducted with 43 caregivers working in eight different residential children's homes in Chile. The information was gathered through focus groups, and thematic analysis was conducted. The results show that caregivers report their experience of work and their relationship with children very positively and that this is characterized by their emotional involvement with children. This perspective appears to differ from that observed in large institutions in Europe, where there is some evidence that a more impersonal approach is predominant. However, it is acknowledged that this is based on caregiver perceptions which may or may not reflect cultural variations. The conclusion highlights the potential positive impact that caregivers can have on children's lives, alongside some factors that negatively affect caregivers' work, which could inform policy and procedures in order to provide better care for these children who (for various reasons) remain in residential care rather than family-based care.

[1] University of Birmingham, UK
[2] University of Bath, UK

Corresponding author:
Manuela Garcia Quiroga, School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK.
Email: psmanuelagarcia@gmail.com

Keywords
Alternative care, attachment, caregiver, children's homes, institutions, orphanages, relationship, thematic analysis



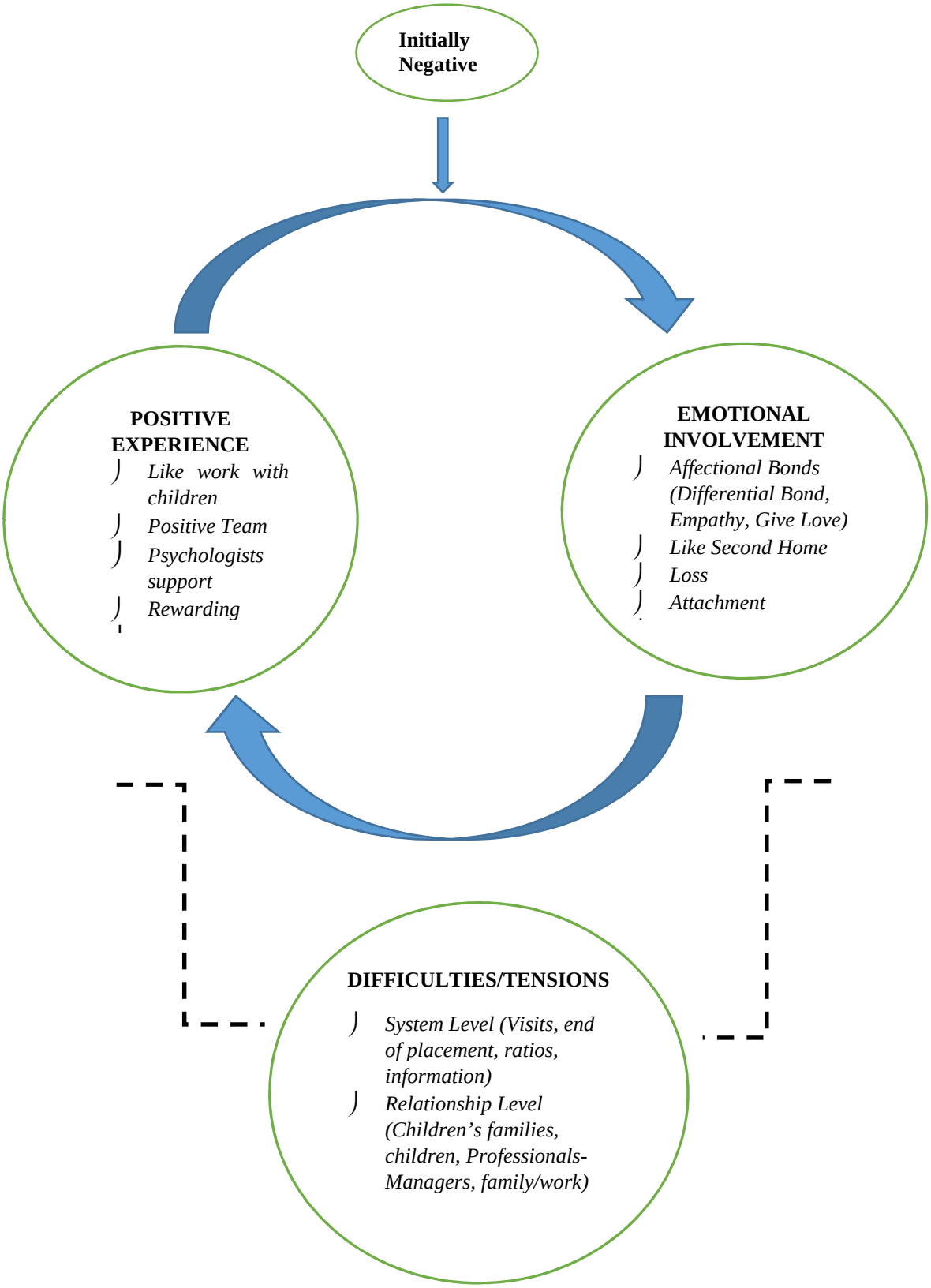


Figure 4.1
Proposed Model of Caregivers' experiences in Residential Care

PART II

Chapter 5

‘Transitional Mothers’ or ‘Keepers’?: Diverse Caregivers’ Perspectives in Chilean Non-Kinship Foster Care

Chapter Rationale

Chapter 4 reported that carers working in residential homes experienced important emotional involvement with children; chapters 1 and 2 highlighted that many countries, including Chile to some extent, are moving from RC to FC as a priority. This chapter complements those previous chapters by exploring foster carers’ experiences through thematic analysis of carers’ interviews.

Submission

Chapter 5 has been submitted to *Journal of Family Issues* (authors: Manuela Garcia Quiroga,Catherine Hamilton-Giachritsis and Paula Ascorra).

Abstract

Foster care (FC) is being widely used around the world as a form of alternative care (AC) for children without appropriate parental care. However, in some countries, this is a relatively recent development; for example, in Chile, a legislative framework laid the foundations for a formal system of FC in 2005. Several factors have been linked to outcomes for fostered children, a great number of which are related to the caregiver. However, in Chile no research has been published regarding the experience of non-kinship foster caregivers and the relationship they establish with the children they care for. Therefore, this study focuses on the experiences of non-kinship caregivers. Fourteen carers in five different foster care (FC) programs in Chile were interviewed and thematic analysis employed to analyse the data. Results showed that carers shared a positive experience of fostering, with attachment as an important part of their relationship. The desire to adopt the child was a recurrent theme. Additionally, two different groups of foster caregivers were identified: 'transitional mothers' and 'keepers', each of which had a particular view of their role and experience. Themes are described for the group as a whole and for these two subgroups. Implications for policy and practice are discussed.

Key words: Foster care, caregiver, relationship, attachment, thematic analysis, Chile.

Introduction

Outcomes for fostered children can be influenced by several factors, many of them linked to caregivers' characteristics or situation (see Oosterman, 2007 and Garcia Quiroga & Hamilton-Giachritsis, 2016a for reviews). In brief, these can include the importance of caregivers' motivations (Cole, 2005a; Krauss, 1973; Stone & Stone, 1983), caregivers´ sensitivity (Dozier, Stovall, Albus, & Bates, 2001), caregivers´ previous experience as foster carers (Ponciano, 2010) caregivers´ involvement (Walsh & Walsh, 1990) and the impact of fostering on caregivers' own children (Thomson & McPherson, 2011). However, research on caregivers' perceptions and experiences has focused mainly on developed countries (see Sinclair, 2005) and these experiences may not necessarily generalise to other countries with different child welfare systems and culture.

In the last decade, following international recommendations, there has been an increasing implementation of FC as a priority placement for children without appropriate parental care in Chile and other parts of Latin America (SENAME, 2011). Related to this, are ongoing debates in Chile regarding different aspects of AC, such as the convenience of allowing foster carers to adopt children they have been fostering. Current legislation does not allow for this, with FC conceptualised as a different, short term and separate kind of placement. However, this has led to a few (very high impact) cases of foster parents kidnaping children when it is deemed that a child will be adopted by a different family. Other problems that have arisen are a lack of foster families (Martinez, 2010; SENAME, 2011), which has sometimes led to several children being placed with a single caregiver, plus a lack of support for caregivers and children, especially regarding mental health services (see Garcia Quiroga & Hamilton-Giachritsis, 2014 for a wider review of the Chilean situation).

Amongst the very few studies in FC conducted in Chile, a recent comparative study of foster care in Spain and Chile (with a sample of kin and non-kinship carers) revealed high levels of parental stress in the Chilean sample (Jimenez & Zavala, 2011). However, there is a marked lack of studies of outcomes for foster children, and no study has been published in Chile regarding foster caregiver's perspectives, experiences and views about the system. Therefore, this study explores caregivers' perspectives in order to inform public policies for fostered children.

Methods

This study is part of a wider research project considering attachment in AC, including experiences of children, managers and carers in RC and FC settings. This paper reports on foster caregivers' experiences and perspectives.

Ethical approval for this study was gained from the University of Birmingham (UK) STEM Ethics Committee (ERN_13-0830) and by the Regional Children's Service in Chile. In order to ensure the protection of all participants, all data was anonymised and recordings were deleted after the transcription process. Information sheets were given to participants and consent forms (Appendix 3) signed prior to data collection.

Participants

A total of 14 female Caregivers from five different FC programs (agencies) participated in this study. The mean age was 50 years old (range 30-75), and they had been working as carers for a mean time of 9.8 years (*SD*=10.96; Range =1-30; *Mdn*=3). However, in terms of length of experience, the sample (by chance) appeared to consist of two different groups: 54.7% had been carers for 3 years or less, while 45.3% had been for 15 or more years. No middle frequencies were found. The vast majority of participants (68.8%) had only primary or

secondary education and did not have any specialised professional training in education or child care.

The mean number of children per carer, including their own children, was 2.93 (range 1-8). Average time in placement for the child who was the focus of this study ranged from 7 to 41 months (M=21 months).

Procedures

For the wider study, authorisation was gained first from the regional Children's Service and then Directors of five foster care agencies. Following approval, all foster carers who met the inclusion criteria (i.e., children aged 3-7 years, 6 months plus in placements, no severe disability and no kinship relationship with the child) were telephoned. From a total of 18 caregivers, 16 (88.8%) agreed to participate, although a further two dropped out before the interviews due to personal reasons. In a group or individually, study details were provided, information sheets were handed out (Appendix 4) and a convenient time for the interview was agreed.

Interviews lasted approximately one hour, took place in their home for comfort, were conducted in Spanish (caregivers' language) and explored caregivers' perspectives and experiences. They were recorded to facilitate the flow of the conversation, with no notes taken. Semi-structured interviews commenced with a general open question "Tell me about your experience as a caregiver", with subsequent questions following topics proposed by participants.

Data Analysis

Interviews were exactly transcribed by the first author. Nvivo10 qualitative software was then used to support Thematic Analysis. A bottom up approach was followed in order to focus on participants' experiences without imposing the researchers' own perspectives.

All the interviews were coded in an iterative process to ensure that the codes identified later were also applied to the interviews coded first. A set of 181 initial codes was established, following which some were merged. Four interviews were revised and double coded by an experienced qualitative researcher (third author) in order to provide reliability of the analysis. Agreement between coders for the main themes reached 98% with a few occasions in which coding was discussed and consensus was achieved. The second coder proposed one new code ('failure to comply with regulations'), which was then considered in all interviews.

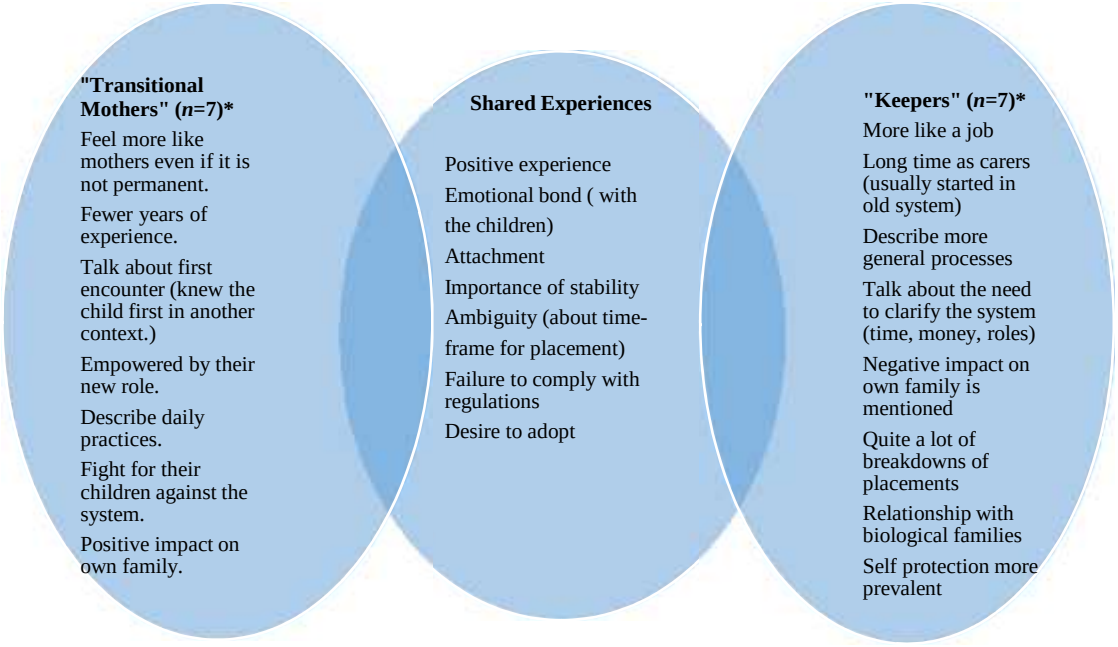
Through this process, codes were organized into main and sub themes. In order to ensure appropriate reflection of the data in the chosen themes, the coding process and analysis of themes was discussed with the second and third authors at different stages.

Analysis of frequencies were then conducted to identify patterns in the data; codes were included if they were supported by at least seven references or mentioned by at least eight carers. This number was used because there appeared to be a clear cut-off: other codes tended to have very low frequencies (i.e., only 0-3 caregivers/4 or fewer references). Thus, codes are highlighted if they represent a majority of caregivers, or were frequently mentioned, allowing for expression of individual, but recurrent topics.

Results

Seven main themes were identified as central to foster caregiver's experiences: positive experience, emotional bond with the child, attachment, importance of stability, ambiguity about

length of placement, failure to comply with regulations, and desire to adopt. Additionally, two separate groups of carers were identified with particular views and themes (see Figure 5.1).



* An overlap was observed between years of experience and distinctive experiences amongst two groups of caregivers

Figure 5.1.
Shared and distinctive experiences amongst two groups of caregivers

Shared themes

Positive experience. Caregivers described their experience of caring as something positive for them, for their lives. This was usually linked to improvements in the child's situation: *"These are really nice situations in the day to day, they enrich you with every achievement ... the fact that someone else lets you walk with him or be part of that is rewarding, it is gratifying" (CID 12) and*

> *"We save his life and for us that is something big, something beautiful, beautiful to see that the child is living, is pulling up..." (CID 9)*

***Emotional bond (towards the child*)**. Caregivers reported developing emotional bonds with the children and feeling that they are like their own children – even if they were told by Managers or the FC agency not to do so, they saw it as inevitable. However, this bond also leads to sadness and concern when children leave placements: *"The most difficult thing, apart from the system, is to know that this bond is going to be cut at some point. … I entered FC knowing, but it hurts. (CID 12)"*. *Similarly, another commented:*

> *And then obviously, love grows and then I did not want to return her …this experience touches you, it affects you. … we learn to know each other, to tolerate each other in all aspects and to give complete and sincere affection (CID 10)*

Attachment (from children to carer). Caregivers mention that children get attached to them, they build a strong emotional bond, give love to them, and in some cases, call them mum and dad. Again, this happens against the advice of some FC teams. Some caregivers' recognise there can be difficulties in this process, particularly if linked to previous experiences of damage and neglect: *"And obviously, the bond… she started showing affection, I started to have a much more important role in her life" (CID 10); and "And he says, 'and now you're my mom', she's my mom Y. [biological mother] who had me in her tummy and you're the mom that takes care of me" (CID 6).*

Importance of stability. Linked to the previous theme, caregivers indicate that it is very important to guarantee stability in placements and that children suffer with separation and changes.

> *I would not like that either, that the children have to change placements a lot, because that would hurt them, knowing so many families, it's bad. It is better to be in one family,*

until they go for adoption, but having one guardian and then other, and other is not good for the child, because the child feels insecure (CID 1).

Ambiguity. Carers describe that they do not have clear information about the duration of placements. Children arrive for an initial length of time but this is then extended without clarity of the actual time to end placement (for example children initially arrive for 2 months, then this placement is extended every three months and this can last for many years and end suddenly). This gives carers a feeling of uncertainty that becomes a factor of concern and stress as they gradually get more involved and start to fear that the child can be taken away abruptly*: "He was two years with me ... One is told they will be here 4 months at the most, but C. [other foster child] was a year and a half with me". (CID 1); and "I think … maybe tomorrow I can get a judicial order saying that I have to hand over the child without knowing it myself in advance, then it is like What?! I'm shocked" (CID 17).* Similarly,

I was very scared because I did not know if she was going to stay with me or not, if she was going to go or not. I spent many months even sleeping very badly because I did not have clarity. … It is emotionally very harmful [to the carer], this uncertainty. (CID 10)

Failure to comply (with regulations). Caregivers describe frequent transgressions by FC teams to what they see as the expected norms, or lack of them in some occasions. Carers often perceive that there are difficulties with the care system, which they see as due to 'neglectful' behaviours from the FC agencies and lack of adequate supervision from the regional children's service. Some carers also stated that due to the very small number of families interested in fostering, it is their belief that sometimes FC teams may even give false information about the situation of the child in order to encourage them to foster another child.

I spoke with the social worker and the psychologist who is in charge of C. because they had to send a report to the court to renew our papers and they told me that they had not done it. They said 'ah good you reminded us!' (CID 9)

They [FC agency/teams] tell us 'sad movies'. Yes, until they soften our hearts. "Hey, M. [caregiver] there's a little boy who was left here, can you have him?" I thought, there are 6 already at home, where I'm going to receive him? I'm poor. And they ask me if there is a bed, then nothing else is needed, come and pick him up. (CID 2)

*So they tell me that in fact she is 7, 8 years old [older that they had said before] and that day arrives, and I ask D. [foster child] how old you are you? 12. So they lied. Time passes and I realize that she is here for abuse, [*Carer had asked for children without history of sexual abuse in order to protect her own children*] so it has been lie over and over again with the FC agency, (CID 12)*

*And the paper we had [*guardianship*] expired [*two months ago*], and I still do not have a new paper which proves that he is under my care, the court has to give it. Imagine, God forbid! If something happens to him, who will believe me that the child is under my care? (CID 17).*

Desire to adopt. This theme was mentioned by almost all carers, either that they had wished to adopt prior to being a foster carer or that they developed such a bond with a foster child that they wished to become their permanent carer. However, they observe difficulties in the adoption process (legal papers, timings, requirements, biological family's rights, etc.): "*And we talked about that, if we have the possibility to adopt him, yes, we will. Then once we were told that there may be susceptibility to adoption, but for another family, a family he does not know" (CID 17).* Other participants said:

She gave her child for adoption and when the day comes, the mother appears, and says no, just to ruin her life because I can't say anything else, to ruin her life, nothing else, and we could not adopt her (CID 5)

We are people who have been working with children for a long time, results have been seen … the children have changed, the children have returned to safety, so what else do we have to prove? If we have been taking care of them for so long why can't we be their legitimate moms, I find this situation unjust, unfair (CID 6)

Besides these shared experiences, two different sets of caregivers' experiences were found, each of them with a distinctive pattern of themes and with a shared area of perspectives. These two groups were identified as: 'Transitional mothers' and 'Keepers'.

Transitional Mothers

This group of carers were less experienced, had fewer children under their care (usually one or two) and usually knew the foster child before becoming a caregiver (e.g., knew them as volunteers in a children's Home or as their teacher). They tended to refer a lot to how they first knew the child and described the daily routines for this specific child. 'Transitional mothers' tend to fight against the system for their foster child, with a vision of long-term care. The characteristic themes that arise in this group were:

First encounter. Carers in this group talk about the first time they met the child and how this happened, they refer to the motivations and feelings that led them to take care of the child. In this group, fostering was more frequently seen as a family decision. This group of carers did

not perceive their role as a job or something they do in life but rather a particular experience with a particular child.

> *Yes, this is the first and only time we will be carers. And it was mainly because it was L., because we knew him, and although it is true, there are always children who need this help, but we are here for him, only for him (CID 17)*

> *I met C. due to my daughter. She told me about him, she recorded him on her cell phone, the child was singing. We went to see him and he said 'Hi mummy did you came to take me with you?' and I started to cry (CID 9)*

Maternal role. Even if this is not permanent, this group of carers describe themselves as mothers for their foster child, and the child as their own. They mention that the words 'keeper', 'carer', 'guardian' and 'auntie' (term usually used in Chile to describe someone taking care of children, such as caregivers, teachers or pre-school educators), do not fit them in this relationship. They prefer to use the words 'mom', 'mummy' or 'mother' as they feel this is their role, to provide a maternal experience for the child: "*We love him, there is no difference with my children, everything alike. It's a very big affection, one embraces him, kisses him as if he were own" (CID 9).* Other quotes include:

> *I am not the 'auntie', I find that too cold. I am a non-biological mother in an important process in her life, to deliver everything that her mother couldn't, so that she can I feel the affection of a mother, because you take care of them and protect them like a mom there is no difference …I am a transitional mom, I am not a carer (CID 10)*

> *Then I told her, look, you know that you were not born in my tummy it's true, you know your mother, but, you were born here (points the heart) and that is more important, it is much more important, I am you mommy from the heart (CID 7)*

Fight for their children against the system. Caregivers mention that, in order to provide stable and good quality care they usually have to do a lot of paperwork, go through administrative procedures and respond to judicial requests. They see that they have high levels of stress, but persist in order to achieve better emotional, medical and stable conditions for the children: "*And there I started to fight and until they left me, until after they told me all the steps to follow and the Children's Services and Foster Agency gave the girl to me for care" (CID 17).* Similarly, other participants said:

> *He asked to visit his brother, he is very attached to his brother, we have tried in court to take the two children, but they do not authorize it, because they do not know if they are going to go together for adoption (CID 6)*
>
> *I had to sign a paper for a [medical procedure] for her and the guardianship paper had expired so I could not sign. I went to court and asked to be granted an authorization, it was denied, I asked for consideration of the case, denied. I did everything. That was too bad for me, I spent a week running around trying to get something to sign (CID 8)*

Positive impact in own family. Carers in this group describe that fostering the child has had a positive impact on their family, their own children get involved and grow with the experience. Additionally, some of them also mention their husbands get involved and enjoy their parental role, although they also feel the anguish of uncertainty: *"They are siblings… M. [own child] is very concerned about his sister [foster child], where does she go; he is her brother and he has a very important and very motivated role" (CID 10).* Other quotes include:

> *My husband tells me 'I can't see myself without the child'. We all love him. My husband can't be without the child, neither can I. My husband is very worried, he always tells me I wouldn't want the child to leave me or them to take him away (CID 9)*

For me, for my husband, for B. [own child], it has been really, could say wonderful…So it has been a very rewarding experience, for us as a family, the four of us but also the whole big family. (CID 7)

Keepers

This group of carers had a lot of experience as carers, usually beginning in the old system of care. They define themselves more as guardians, carers or 'keepers'. Although some initial themes were shared with the other type of carers (e.g., positive experience, emotional involvement, attachment), their discourse was centered on general processes (not an individual child) and their problems with the care system were more about practical issues, such as payments, communication with FC teams, help with medical appointments, etc. Interestingly, these caregivers reported more experience of breakdown in placements, problems between their own family and foster children, and tended to have closer, more positive, relationships with the children's biological families.

Long time as carers. As noted above, this group are long-term carers, most of whom began fostering under the old system of guardianship and have been caring for children for 20 or 30 years. They have had a large number of children under their care and also have the experience of caring for a large number of children at the same time. They experience the role of caring as something central in their lives.

I have looked after children for 24 years… There was a girl who arrived when she was seven and left at 17. Another, E. came in diapers, and left when he was about 10. I once had four siblings. Some have stayed here for a long time, I've had many little children I've had six, seven children here (CID 1)

I was 30 years old, I went with my son to the hospital and I saw a little girl burnt with an iron, I started to cry, and I began to take care of children, I got to have 12 children all with that kind of violence…. It generates like a dependency, or vice, as if one also needs to be needed by these children (CID 2)

Need to clarify the system (times, money, roles). This group of caregivers also refer to having problems with the care system but in this case the focus was on practical issues regarding help with children, costs of different items, bureaucracy and lack of clear information. They also perceived that there were frequent changes of team staff and difficulties due to less experienced professionals: "*Now there are younger people* [staff]*, it gets difficult for them to solve problems with children fast... You can tell them three times the same things, they do not solve the problem straight away" (CID 1).* Other participants said:

I demand more [from the FC team], for example I had an appointment with the psychologist for M. and I had the other girl, so the social worker said she could take him, but this is because I insist and bother them. They have to support me (CID 2)

And the other thing that I would like very much, that the subsidy we receive could be paid straight in your bank account. The day they pay the subsidy you have to go, stay an hour or more there and then go to the bank, takes you another hour (CID 3)

Negative impact on own family. Carers describe difficulties in the relationship of some foster children with their own children. This happens especially when foster children have experienced maltreatment or poor care in their own families or previous placements, but did not receive appropriate therapy. Some children reenact what they have experienced and this can damage other children living in their foster home. In addition, some carers reported being threatened by biological parents who did not agree with the judicial order for the

removal of their child. Although infrequent, these situations may lead to placement breakdown and/or damage to other children: *"She had her libido too high, it was a horrible problem in the house, I had to watch her constantly, explaining things to her, she watched TV, a romantic movie and started to masturbate in the living room" (CID 5); "Then one is afraid … I did not want anything to happen to me, I have children too and the man* [biological parent] *knew my daughters" (CID 1);* and *"On a second chance X. tried to do the same again* [sexual behaviour with carers' own child] … *After that, the second attempt of abuse, I said no, actually I can no longer cope with this." (CID 12).*

Breakdown in placements. In this group of caregivers, experiences of breakdown in placements were described, sometimes due to problematic behavior (that the foster carer felt unable to cope with) or due to system decisions which they do not share especially regarding agencies not taking an attachment perspective when planning placements and not considering emotional bonds that children have developed or even trying to avoid its formation.

> *Then one day she left the house and returned to her family, it was a terrible day, a horrible night, to look everywhere to find her, and she returned with her mom. But her mother didn't want her either, so she went from place to place, with her grandma, with a cousin (CID 5)*
>
> *I had the twins, they came very damaged, I took them forward and they developed well while here. But, they took them out of my house to another carer because they were very attached to me. They were in the process of being adopted so* [it was decided] *that they had to leave my side so that the attachment they had with me would be less. (CID 13)*

Relationship with biological families. These caregivers tend to have a better relationship with biological parents. They reported understanding the reasons why parents

cannot take care of their children and tended to support them with the belief that they can improve and recover their children. A more collaborative relationship is observed in most cases*: "I always welcome the parents. The mother of the girls had lunch here, I gave them lunch because the lady was very humble, very poor, so she came here to see her little girls" (CID 1); "D. a little girl who was here, her mother recovered her - she had her slip, she was detained a year for drugs, but she did everything that was asked and recovered her daughter" (CID 13).* Similarly,

> *I do not judge them because they, both Mom and Dad grew up in a Children's Home and they got together and formed a family, maybe they made mistakes, I'm not going to judge that because they did not have a family model … We have good communication, she asks me and I give her advice, (CID 15)*

Self-protection. Due to the years of experience and the multiple separations from children they cared for, this group of caregivers tended to emotionally protect themselves from involvement with the children. They prefer shorter placements and/or talk about giving up fostering, as a way of avoiding suffering: "*For me, the attachment was very deep, that's why I was left with that feeling of no, better a short, a maximum of one year and after that move them to another place" (CID 13).* Another participant said:

> *I say, will not bring any more children for care, I say it every year when they leave, they are the third children who leave this year, so no, because I suffer and I cry and feel all day bad, sad, so I say, I will bring no more (CID 1).*

Discussion

The aim of this study was to explore foster caregivers' experiences. The research found a number of shared themes, but essentially that there are two, very different groups of carers with different experiences. Overall, foster caregivers in this study described their experiences as positive, with emotional relationships with children they care for. This was described as a mutual process, in which they experience an emotional involvement with the children and the children develop a bond towards them. Previous research highlights the importance of foster parents' emotional involvement for placement stability (Walsh & Walsh, 1990). The existence of an emotional relationship with the child in foster carers in this study reveals that the experience of fostering and being fostered can constitute a positive, reparatory experience for children and caregivers.

Even though the participants are foster carers (in Chile, and many other countries, this is a different process to adoption), adoption was raised as an issue by almost all caregivers, Thus, in practice, at least in some countries, these two experiences may be more linked than in theory. Desire to adopt either previously to fostering or after developing a bond with a specific child was mentioned frequently. This can mean that many of the foster carers are looking for more permanency and a relationship that lasts over time. This can bring issues into the process of fostering, due to the difficulty of letting the child move on when the placement ends. Adoption was sometimes not possible for them and fostering was then a second-best option, but underlying expectations may still be present of a more stable care and this needs to be taken into account in the assessment and training process.

Linked with this, a very difficult experience mentioned by caregivers was the uncertainty of the care system. Clearly, length of placement is uncertain. However, some

placements that are due to be very short end up lasting for several years. This situation possibly impacts upon the relationship with the child in different ways. We can hypothesise that as time passes both children and caregivers get more involved but at the same time no clarity is provided on the future of this relationship; this lack of clarity about the future may create high levels of stress and anxiety in children and caregivers as uncertainty results in anxiety due to difficulties to prepare an adequate response to a future situation (Grupe & Nitschke, 2013) in this case, to prepare for further involvement or separation. From a different perspective, we can hypothesise that caregivers' views and feelings in this regard may be also due to unrealistic expectations about the foster care system. Child welfare decisions are not always as fast and easy as it would be desirable, foster carers need to be prepared to tolerate a certain amount of ambiguity regarding time frames and end of placements. This needs to be considered in training programs.

Although information comes from foster carers with no external verification of the allegations, it is noted that several mentioned professionals failing to comply with regulations (e.g., not disclosing the child's past history or correct age). If this was indeed the case, then that would be of concern. It may be linked to the lack of sufficient foster families and the need of foster agencies to report positive statistics to children's services. The idea that placement in a foster family is always better than a children's home may force teams to place children at any cost, ignoring important elements of the evaluation and follow up process. Requirements of short time placements can have an impact in stability of the caregiving figure and a good end of placement procedure. Experiences of abrupt end of placement after years of caregiving were reported, which can create additional psychological damage for an already vulnerable child.

Difficulties were observed regarding frequent changes in FC teams and less experienced professionals arriving. Previous literature in other countries state that the number of social workers a single foster child has been assigned, especially during the first three years of

placement, is positively correlated with placement changes (Pardeck, 1984; Rock, Michelson, Thomson & Day, 2015). Unfortunately, no research regarding the impact of changes in FC teams has been conducted in Chile Certainly, some of the quotes indicate that foster care teams may have limited understanding of attachment theory and how that should be translated into practice. Working with children who have been abused and with their biological and foster families is very complex work that requires expertise.

Besides all these shared experiences, two very different groups of caregivers emerged ('Transitional mothers' and 'Keepers'). Similar differences within foster carers were found in a study with foster carers in USA attending a training program where differences were found in motivation, expectations and attitudes (Gillis-Arnold, Jasper, Stockdale, & Shelley, 1998).

Within the group of 'Transitional Mothers', the discourse was much more centered on the motivation to care for a specific child and to the possibility of adoption or life-long care. This focus on one child has been found to be positively linked with placement success (Krauss,1973; Ellison & Flegel, 2010,). However, difficulties may emerge when placement comes to an end if the desire is to have the child become a long-term part of the family. It seems to be that some carers in this group were so focused on helping the child in the short term that they did not think about the longer term and having to say goodbye.

Conversely, the group of 'Keepers' are experiencing difficulties with having too many children at the same time – this occurs even to the extent that on occasion a FCs house almost becomes a small children's homes with six or more children but with less supervision, less staff and lack support and appropriate training from the FC agencies. Contact and rapport between the foster caregiver and the agency/team has been studied as a factor that has a positive association with success in placement (Walsh & Walsh, 1990), as has training received (Kandall

& Sinkkonen, 2001). This group of caregivers had more experience with different children and reveal the complexities of the caregiving experience, with breakdowns in placements and children with emotional and behavioural difficulties who require but are not receiving specialised mental health care. This is an important issue as previous research revealed that breakdowns in placement were less frequent for foster children who receive professional support (Kandall & Sinkkonen, 2001).

Implications for practice

Several implications for practice and research can be developed on the basis of these findings (Table 5.1). These are focused on five different levels regarding practice implications (care system, assessment and training, support for children and FC teams) and implications for research.

Limitations

This study is based on caregiver's self-report, with attendant limitations, such as social desirability. In order to minimise this, interviews were conducted in caregivers' own homes (rather than FC agencies) and tried to allow for free expression rather than following a set format. In addition, the results have been presented as the FCs' views, rather than a statement that this is the reality. Individuals in different parts of every system will have a different perspective – thus, it is important to hear foster carers. Additional research with FC teams would be a very valuable next step. Additionally, results may not be representative of other different samples of caregivers (i.e., kinship, other countries).

Table 5.1.
Implications for practice and research

Level	Problem/situation observed	Changes suggested
Care System	Single type of foster care implemented	⁾ Implementation of different types of foster care (i.e., in crisis, short term, long term). ⁾ Consider pathways between fostering and adoption in some cases in which carer fosters one specific, previously known child. ⁾ Study the possibility of a mixed, more flexible system of fostering and adoption with an attachment based approach.
Assessment	No assessment of family members	Develop an assessment portfolio which includes partners and other children in the family.
	Low assessment of motivations for adoption	Assess desire to adopt in the first place for people applying to foster as this can hinder their ability to let children go when the placement ends.
Training	Lack of a formal and complete training program based on the local situation	⁾ Structure a training program which considers not only international experiences but also local conditions. ⁾ Include theoretical perspectives, but also skills based workshops that translate theory into practice. ⁾ Include information regarding the uncertainty of the care system and tools to cope with it. ⁾ Include personal training to cope with separation and loss. ⁾ Include strategies to manage difficult behavior in children and elements to understand their experiences and expected behaviours.
Support for children	Difficulties in access to mental health services	Implement priority access for looked after children in mental health services and education as a public policy.
Foster Care Teams	Frequent changes, low level of experience in professionals	Improve the conditions and requirements for professionals working in this field in order to provide more experienced and stable teams in these complex contexts.
Research	Lack of local research and evaluation of programs	⁾ Study outcomes for children and caregivers. ⁾ Study characteristics and conditions of staff working in FC programs. ⁾ Study other types of family (i.e., kinship).

Conclusion

This first study with non-kinship foster carers in Chile highlights the importance of incorporating their diverse perspective and views in the FC system that is being developed. Shared experiences include emotional involvement with children and difficulties regarding the FC system. Besides that, two distinctive groups were observed, with one being focused on a particular child, and the other being more experienced and diverse. Notably, the former had fewer placement breakdowns, however, that may be due either to fewer children (both at one time and overall), them taking on less complex cases, and/or that they are more motivated because it is a particular child who has meaning to them. The incorporation of this different, local view in the development of an assessment and training programme can contribute to the implementation of a better FC system that responds to local conditions in the provision of care for children in need.

PART II

Chapter 6

Attachment Representations and Socio-emotional difficulties in Alternative Care: A comparison between Residential, Foster and Family Based Children in Chile.

Chapter Rationale

Chapter 1 and 2 indicated a lack of studies regarding attachment in children living in AC in Chile, as well as the non-existence of comparative studies between three different types of care (i.e., residential, foster and parental) conducted as usual, in the same country. In order to fill this gap in existent research, chapter 6 focuses on children. Its aim is to explore attachment representations in children living in residential, foster and parental care and to determine if significant differences exist between placements.

Submission

This chapter has been submitted to *Child Abuse & Neglect* (authors: Manuela Garcia Quiroga, Catherine Hamilton-Giachritsis and Margarita Ibañez).

Abstract

Attachment has been assessed in children living in alternative care (AC) settings, such as Residential Homes (RC) and Foster Care (FC). However, no study has been conducted to compare attachment styles in residential, foster and parental care (PC) conducted as usual in the same country at the same point in time. There is also a lack of studies conducted in less developed countries. Therefore, the aim of this study was to compare outcomes for children living in three different types of care in Chile. Three groups of children (*N*=77) living in RC, FC and with biological parents were compared. Attachment styles, Indiscriminate Friendliness (IF) and socio-emotional/behavioural difficulties were assessed. Higher rates of secure attachment were observed in the RC group (36.1%) when compared to studies of children in RC in other countries (*M*=18%). However, children in both types of AC were significantly more likely to have insecure and/or disorganised attachment styles than PC children. Higher rates of socio-emotional and behavioural problems were observed in RC (55.6%) and FC (50%) compared to PC (10%). Within type of AC, no significant differences were found for attachment styles or for socio-emotional/behavioural difficulties, but children in RC had higher rates of IF. In conclusion, impact of placement in AC can vary between different countries. In addition, it is necessary to move beyond merely type of AC (i.e., residential or foster) to consider factors associated with the AC that may better explain differences in attachment security for children (e.g., quality of care).

Keywords: Alternative Care, Attachment, Socio-emotional problems, Behavioural problems, Foster Care, Residential Care.

Introduction

Attachment theory has been an important framework for the study of outcomes in institutional settings. This perspective has highlighted the importance of the relationship a child establishes with its primary caregiver for his/her future social, emotional and behavioural development (Ainsworth, 1989; Bowlby, 1979; Mikunelincer, Shaver, & Perey, 2003). Children with a *Secure* attachment have had the experience of an available and stable caregiver and, thus, have developed a sense of secure base which allows them to explore the world and express their feelings and needs. Interactions with less available or less consistent caregivers generate insecure attachments in children, which are less optimal strategies. These can be *Avoidant* (in which attachment system is suppressed and the child learns to be self-sufficient, avoiding the expression of needs and feelings) or *Ambivalent* (in which attachment system is hyper-activated and the child is focused on the relationships and emotional expression, such that their exploration of the world is impaired). A fourth group of children is unable to develop any organised form of attachment (i.e., Secure, Insecure Avoidant/Ambivalent); these children have usually been exposed to extreme neglectful or abusive caregiving or to severe instability of caregiving (e.g., in institutional care). In institutions, factors such as shift systems, high staff turnover or very high child-to-caregiver ratios often reduce caregiver's physical and emotional availability. Thus, the setting in which children are raised is likely to impact on their emotional care and subsequent attachment.

A large body of research has been conducted with children living in institutions or children who were raised in institutions and then moved to FC or were adopted. The majority of these studies have been conducted in the USA and Europe, and they reveal that the experience of being raised in large, impersonal institutions has a negative impact on attachment styles and other outcomes for children. Specifically rates of secure attachment in children living in

institutional care vary from 0% to 47% and disorganised attachment from 5.35% to 65.8% depending on the country and the methodology of the study (for a detailed review of outcomes see Garcia Quiroga & Hamilton-Giachritsis, 2016a). Based on the results of these studies, several countries have developed the implementation of FC programs as a better setting for children without parental care. Secure attachment rates in children raised in these settings are higher when compared to institutional care (52%-69.4% in FC) and disorganisation is lower (13.1%-42.7% in FC; Garcia Quiroga & Hamilton-Giachritsis, 2016a). However, a recent meta-analysis found that FC did not improve the rate of behavioural problems in children (Goemans, van Geel, & Vedder, 2015). Furthermore, the few studies conducted in less developed countries reveal that the characteristics of RC, FC and outcomes for children can vary widely between countries and that rates of attachment styles in RC are moderated by country of origin, among other factors (Lionetti, Pastore, & Barone, 2015).

Interpretation of findings within studies of attachment in AC is complicated by the fact that few studies compare outcomes of attachment in different settings *within* the same country; rather, comparisons are usually made between RC in one country and FC in another, which may vary in their social, economic and cultural realities. The only study that compared residential, foster, and parental care was conducted in Romania where FC did not exist previously; thus, the study included a group of children that were placed in a FC program which was specially designed as an intervention with optimal conditions that may not be present in FC programs conducted as usual (Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010).

In addition, despite large numbers of children in public care, little research has been conducted in Latin America and, specifically, in Chile regarding outcomes for children living in AC. The two previous studies conducted in Chilean institutions revealed higher security rates in children raised in RC when compared to other countries (51.2% and 47% vs 18%; Herreros,

2009; Lecannelier et al., 2014). During the last two years, important debates have taken place in Chile regarding the quality of care provided by residential homes, and recommendations that FC should be utilised over RC are being implemented. One other study explored the presence of difficulties (socio-emotional and behavioural) in FC and found high levels of total difficulties and emotional difficulties as measured by Strengths and Difficulties Questionnaire (Zavala & Jimenez, 2015). However, no study has yet explored attachment styles in children living in FC in Chile. Furthermore, no study has yet been conducted with three different types of care (conducted as usual) *within* one country to assess attachment styles and other outcomes for children.

Aims

Therefore, the aim of this research was to conduct the first study to compare attachment styles in children living in RC, FC (conducted as usual) and parental care children in the same country. Specifically, the study aimed to explore attachment styles, indiscriminate friendliness, and socio-emotional and behavioural problems in children living in two types of AC (residential and foster) and to compare differences between them and a group of children raised by their parents. Five hypotheses were explored in this study regarding outcomes for children in three groups of care in Chile:

1) Based on a previous meta-analysis, it is hypothesised that children in RC in this Chilean sample will have higher rates of secure attachment and lower rates of disorganised attachment compared with samples in other countries.
2) There will be higher rates of insecure attachment and disorganised attachment in children in AC (RC and FC) compared to those raised by biological parents (PC).
3) There will be higher rates of indiscriminate friendliness in children living in RC compared to those children in FC or PC.

4) There will be higher levels of socio-emotional and behavioural problems in children living in AC (RC and FC) compared to children in PC.
5) There will be better outcomes for children living in FC compared to those children in RC regarding attachment styles and total difficulties.

Method

This study is part of a wider study of attachment in alternative care in Chile, which included 17 Children's Homes (see Garcia Quiroga & Hamilton-Giachritsis, 2016b for a description of the characteristics of residential settings included in this study) and five FC programmes in two of the main regions of Chile. This paper presents findings related to attachment styles, socio-emotional and behavioural problems and indiscriminate friendliness in three different groups of care (RC, FC and PC).

Ethical approval

Ethical approval for this study was gained from the STEM ethics committee, University of Birmingham (ERN 13-1187/131187A) and the local bodies for each group of care (Directive teams for RC; Regional Children's Service for FC programs). Ethical principles were adhered to (see 'procedure'). The children's welfare was priority throughout.

Sample

The total sample consisted of 77 children and their carers: 36 children living in RC, 21 in FC and 20 in PC. Children were aged 3 to 7 years old (M= 64.12 months, SD=14.2), with slightly more girls than boys (*n*=43, 55.8% girls; *n*=34, 44.2% boys). Children in care had spent an average of 22.28 months in this placement (SD=12.06) and 32.5% of them had previous placements (average 1.38 previous placements, SD=.57). The mean age at first placement was 32.64 months (SD= 20.31). The mean age of the PC group was younger than the other two, but

there was no significant difference between age of RC and FC. No significant differences were found between groups regarding gender, number of previous placements and time in placement.

Measures

Three measures were used to explore the outcomes for children reported within this paper (i.e., Attachment style, Indiscriminate Friendliness (IF), and socio-emotional and behavioural outcomes).

Attachment Story Completion Task (ASCT; Bretherton, Ridgeway, & Cassidy, 1990)

Attachment representations were assessed using the ASCT. In this, a doll play procedure is used to present a set of incomplete stories in attachment relevant topics (i.e., failure, hurt, fear, separation and reunion) to which the child must elaborate an end. This procedure is non-threatening for children and allows detailed analysis of their narratives. The 20-minute play procedure is video-recorded for coding. A modified version of the ASCT has been used in institutional settings, with coding completed using the Story Completion Cards (CCH) system (Miljovitch, Pierrehumbert, Karmaniola, &Halfon, 2003). The CCH is a Qsort procedure in which the characteristics of the narrative are classified according to 65 items (the child's narrative, behaviour and responses), with the coding process taking about two hours per child. Scores are obtained on the four main attachment scales for security, deactivation (avoidance), hyperactivation (anxiety/ambivalence) and disorganisation of attachment representations, and ten subscales related to the narratives.

The Total Scores for the four main attachment scales can be analysed in a continuous model and/or can be classified in attachment categories. To obtain categories, the score on the 'Security' scale is calculated first; if this security score is 50 (+/-1SD) the child is classified as secure. If, however, the score is below this range or if any of other three scales are higher than

50+2SD, the secondary strategy is observed, whereby the classification is based on whichever of the three scales is highest (i.e., avoidant, ambivalent or disorganised).

Children with a secure attachment easily integrate positive and negative emotions into the stories and are able to construct a resolution for the situations presented, expressing the need of caregiving figures and happiness at reunion. In contrast, children with an Avoidant attachment tend to construct adequate but 'cold' stories; they are usually brief, sometimes mention evasive solutions (e.g., going to sleep), no difficulty is presented with separation and there is very little reaction to reunion. Children with Ambivalent attachment construct stories that seem to be stuck in emotions, have difficulty in creating an end and have high expression of conflict. Disorganised children are unable to elaborate a resolution, often presenting destructive, chaotic and bizarre contents or remain paralysed, and this is expressed through their behaviour as well as in the content of their stories. According to Miljkovitch, Pierrehumbert, Bretherton and Halfon (2004), reliability for the four attachment subscales is very good with intra class coefficients of .94, .94, .85, and .90, with a median of .91. In the current study, the overall inter-rater reliability for attachment classification was good (Kappa=.75).

Indiscriminate Friendliness 5 points measure - IF5 scale (Chisholm, Carter, Ames, & Morrison, 1995)

The IF5 scale comprises five questions that are asked to the parent/carer during an interview (Appendix 6). A score of 1 is given each time a response indicates indiscriminate friendliness (range 0-5). This scale has been used in institutionalised, adopted and general population children with a good reliability for institutionalised (alpha=.72; according to Chishlom, 1998).

Strengths and Difficulties Questionnaire - Spanish version (SDQ-SpV; Goodman, 2001)

Emotional, behavioural, hyperactivity and social difficulties, plus prosocial behaviour were assessed using the SDQ (Spanish version), completed by the carer (Appendix 7). This questionnaire has been used in the general population but also with institutionalised and fostered children (Goodman, Ford, Corbin, & Meltzer, 2004; Muris & Maas, 2004; Palmieri & Smith, 2007). Scores on each sub-scale can be categorised (normal/borderline/abnormal) or analysed as a continuous measure. Spanish norms were used to classify children according to their total SDQ score (Universitat Autonoma de Barcelona, 2011). According to Goodman (2001), the SDQ has generally satisfactory internal consistency, with a Cronbach alpha coefficient reported of .73. In the current study Cronbach alpha coefficient was .80.

Procedure

Parents, caregivers or people who held parental responsibility for the child signed a consent form to participate in this study. The RC group was from eight different residential homes (all children that met the inclusion criteria were included). The FC group was collected from five FC programs (all children that met the inclusion criteria were included). For the PC group, children were recruited from a state/public pre-school located in a similar neighbourhood to match socio-economic backgrounds with RC and FC groups.

Children were assessed in their home (RC and FC) or their pre-school (PC) by the main researcher and a research assistant. Videos were then coded and a third of the videos were double-coded by a blinded researcher from the University of Barcelona (third author), trained in ASCT-CCH. Cohen's Kappa determined that the level of agreement between raters on attachment classifications was good (ka=.75, p<.005).

Treatment of data

Power analysis was conducted with G*Power for chi-square 6df and 2df (Faul, Erdfelder, Buchner, & Lang, 2008), ANOVA for 3 groups and MANOVA 4x3 (Faul, Erdfelder, Buchner, & Lang, 2013). In order to detect medium size effects, as reported in a previous meta-analysis (Lionetti et al., 2015), the desired sample size ranged from 57 to 159 depending on the statistic, and for large size effects from 24 to 66 participants. This study had 77 participants and hence could potentially detect medium-large effects.

The analysis of the data was conducted as follows: preliminary assumption testing was conducted for normality, linearity, outliers, homogeneity of variance and multicollinearity with no serious violations noted. For categorical analysis of four attachment styles, a chi-square for independence was conducted but was invalid (60% of cells had less counts than expected). Therefore, attachment categories were merged (Avoidant and Ambivalent into a single 'Insecure' category), in order to calculate significant differences for three categories with chi-square test for independence. A one-way between-groups analysis of variance (ANOVA) was conducted to explore the impact of type of placement on 'secure' and 'disorganised' scores (measured by ASCT-CCH), with Kruskal-Wallis utilised for Avoidance and Ambivalence scores due to lack of normal distribution. A Bonferroni adjusted alpha level of .005 was used when multiple comparisons were conducted for 10 subscales of ASCT-CCH.

A one-way between-groups ANOVA was conducted to explore the impact of type of placement on indiscriminate friendliness in children, as measured by the IF5 interview, and to explore the impact of type of placement in levels of problems in children, as measured by SDQ questionnaire (Total Problem Scale). Finally, a one-way between-groups multivariate analysis of variance (MANOVA) was performed to investigate differences between type of placement groups on the 10 ASCT-CCH subscales and four SDQ subscales.

Results

Results will be presented in the same order as the hypotheses stated for this study.

Attachment classification in Chilean residential care

In the RC group (*n*=36), 36.1% of the children presented secure representations of attachment, 27% were classified as Avoidant, 11.1% Anxious and 25% Disorganised (see Table 6.1). A chi-square goodness of fit test indicates there was a significant difference in the proportion of secure, insecure and disorganised children in this RC group (36.1%, 38.1% and 25% respectively), compared with 18%, 28% and 54% obtained in a previous meta-analysis (Lionetti et al., 2015), $\chi^2(2, n=36) = 13.69$, $p=.001$.

Table 6.1.

Distributions of Attachment Styles by Type of Placement

	Secure		**Avoidant**		**Ambivalent**		**Disorganised**		**Total**	
	F	%	F	%	F	%	F	%	F	%
RC	13	36.1	10	27.8	4	11.1	9	25.0	36	100
FC	9	42.9	3	14.3	6	28.6	3	14.3	21	100
PC	12	60.0	4	20.0	3	15.0	1	5.0	20	100
Total	34		17		13		13		77	
%	44.2%		22.1%		16.9%		16.9%			100

Relationship between type of placement and Attachment Style

Categorical Analysis. Attachment classifications differed between groups (Figure 6.1). There was a higher percentage of secure classification in PC (60.0%) compared to both RC (36.1%) and FC (42.9%). In addition, more children were classified as 'Ambivalent' in the FC group and 'Avoidant' in the RC group when compared to the other two groups.

To measure the significance of these differences, Avoidant and Anxious attachments had to be merged in a single 'Insecure' category. With the merged groups, no significant

difference in attachment *classification* was found between different types of placement ($\chi^2(4, n=77)=4.99$, $p=.29$).

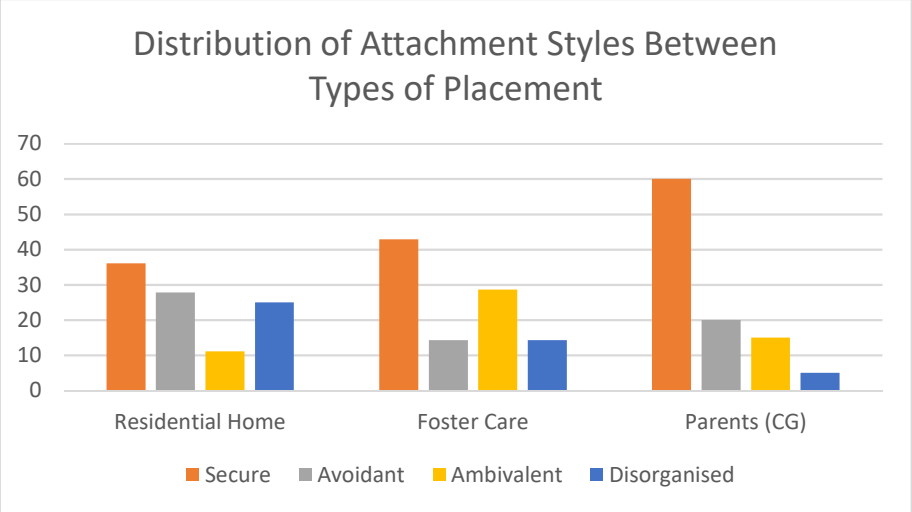


***Figure* 6.1.**
Percentages of attachment styles categories by type of placement

Continuous Analysis (Attachment scores between groups). Using continuous scores, a one-way between-groups ANOVA demonstrated a significant difference between type of placement and mean scores on the security scale as measured by the ASCT-CCH ($F(2, 74)=5.5$, $p=.005$). The effect size (eta squared) was .131 (medium). Post-hoc comparisons using Gabriel's test indicated that the mean security score for the PC group (M=54.89, SD=12.04) was significantly different from the RC (M=44.64, SD=11.30) and FC groups (M=45.77, SD=10.72). The two latter groups did not differ significantly from each other (Figure 6.2).

In terms of disorganised attachment, a one-way between-groups ANOVA showed a significant difference for the three placement groups; $F(2,74)=5.8$, $p=.005$. The effect size (eta squared) was .15 (large). Post-hoc comparisons using Gabriel's test indicated that the mean PC disorganisation score (M=43.94, SD=12.21) was significantly different from the RC (M=56.04, SD=13.90) and FC groups (M=56.21, SD=14.69). These two groups did not differ significantly from each other (Figure 6.2).

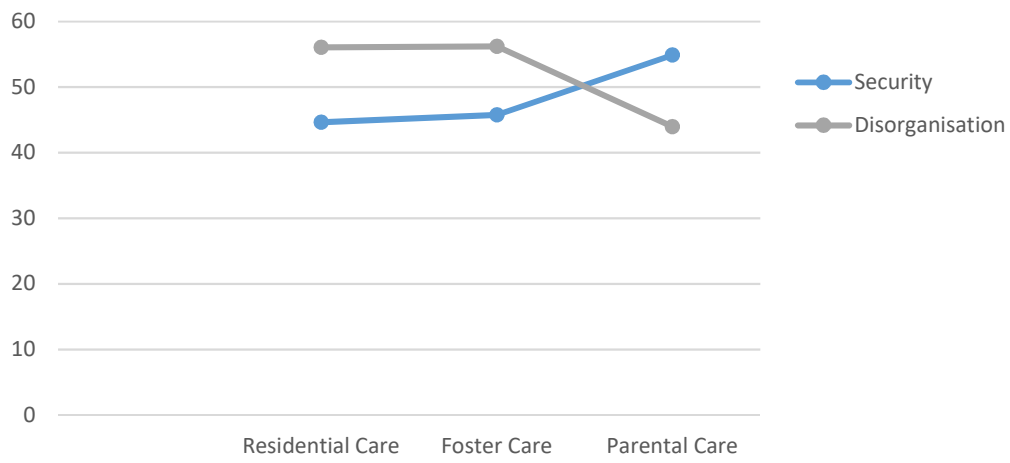


Figure 6.2.
Mean scores in security and disorganisation by type of placement

A Kruskal-Wallis Test revealed no statistically significant difference in Avoidance scores across the three different types of placement, H(2)=.004, *p*=.998. The same was true for the Ambivalence score, H(2)=2.114, *p*=.348. Finally, a one-way between-groups MANOVA showed a statistically significant difference between the three groups on the combined 10 ASCT-CCH subscales, *F*(20,130)=2.53, *p*=.001; Wilkis' Lambda=.98; partial eta squared =.28. However, when the 10 subscales were considered separately, none of the subscales reached statistical significance (with Bonferroni adjustment).

Distribution of Indiscriminate Friendliness by type of care

A one-way between-groups ANOVA was conducted to explore the impact of type of placement on indiscriminate friendliness, as measured by the IF5; a statistically significant difference was found between groups, *F*(2, 74)= 3.2, *p*=.04 (Figure 6.3). The effect size calculated using eta squared was .08 (medium). Post hoc comparisons using the Dunett test indicated that the mean IF score for RC (M=2.81, SD=1.32) was significantly different from PC (M=2.05, SD=1.31), and FC (M=2.05, SD=1.24).

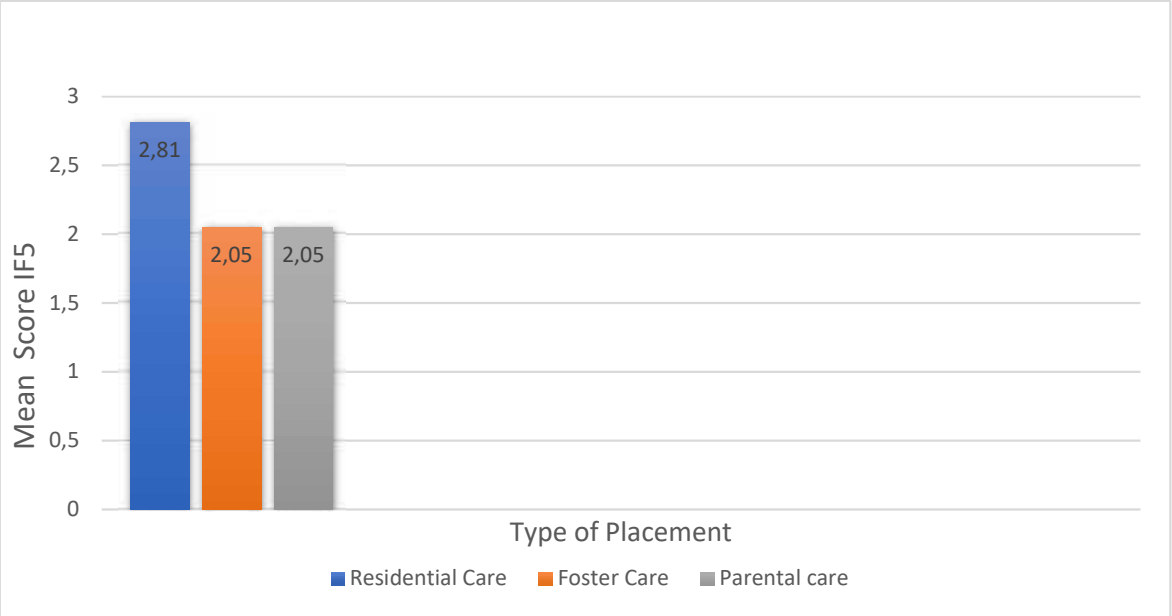


Figure 6.3.

Mean scores in indiscriminate friendliness scale by type of placement

Distribution of difficulties scores (SDQ) by type of care

Categorical analysis. Looking at SDQ Total Difficulties, 55.6% of the RC children and 50% of the FC children had scores in the 'abnormal' range (clinical concern) compared to 10% of the PC children (Table 6.2). A chi-square test for independence indicated a significant association between Total Difficulties (categorised as Normal, Borderline and Abnormal) and type of placement with a large size effect, $\chi^2(4, n=76) = .39$, $p=.00$, $V=.39$. With regard to sub-scales, a similar pattern was observed for emotional ($\chi^2(4,76)=.22.93$, $p=.00$, $V=.39$), behavioural ($\chi^2(4,76) = 11.93$, $p=.18$, $V=.28$) and social problems ($\chi^2(4, 76) = .63$, $p=.00$, $V=.45$), but not for hyperactivity and prosocial behaviours, where no significant association with type of placement was observed.

Table 6.2.
Distributions of SDQ Total Difficulties Categories by Type of Placement

	Normal		Borderline		Abnormal		Total	
	F	%	F	%	F	%	F	%
RC	17	19.4	9	25.0	20	55.6	36	100
FC	6	30.0	4	20.0	10	50.0	20	100
PC	17	85.0	1	5.0	2	10.0	20	100
Total	30		14		32		76	
%	39.5%		18.4%		42.1%			100

Comparisons in mean scores between groups (Continuous Analysis). Continuous Total Difficulty Scores in the three groups were compared using a one-way between-groups ANOVA (Figure 4), with a statistically significant difference found between the three placement groups: $F_{(2, 73)} = 19.9$, $p = .00$. The effect size calculated using eta squared was .54 (large). Post-hoc comparisons using Gabriel's test indicated that the mean score for PC (M=5.3, SD=4.65) was significantly different from FC (M=12.85, SD=6.03) and RC (M= 15.58, SD=6.32), neither of which differed significantly from each other.

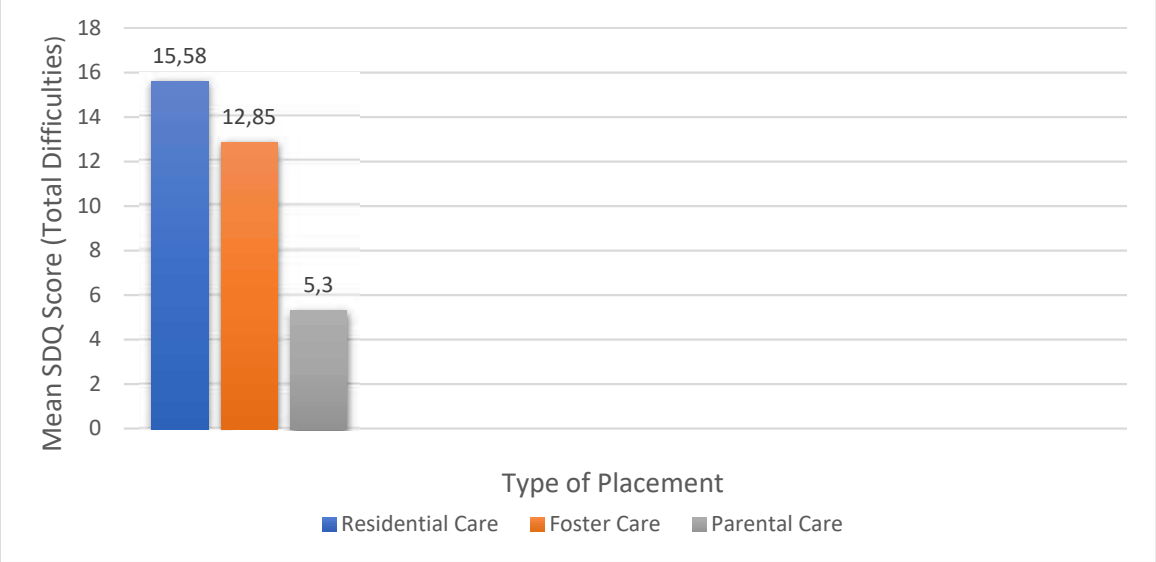


Figure 6.4.
Mean scores in SDQ total difficulties scale by type of placement

A one-way between groups MANOVA compared differences between type of placement groups on the SDQ subscales (i.e., emotional, behavioural, hyperactivity, social relationship difficulties, and pro-social behaviour). Equality of variances assumption was violated so alpha levels were adjusted to .01. There was a statistically significant difference between groups of care on the combined five subscales, $F_{(10,138)}$=5.34, p=.000; Wilkis' Lambda =.520; partial eta squared =.27. Considered separately, three of the five subscales reached statistical significance, using a Bonferroni adjusted alpha level of .002: ***Emotional Difficulties*** $F_{(2, 73)}$ = 14.39, p = .000, partial eta squared = .28; ***Behavioural Difficulties*** $F_{(2, 73)}$=9.22, p=.000, partial eta squared =.20; and ***Social Relationship Difficulties*** $F_{(2, 73)}$=13.10, p=.000, partial eta squared =.26. Large effects were found for each of these three subscales.

An inspection of the mean scores indicated that PC scored lower in the three difficulties scales. In order to explore the significance of specific differences among three groups in these subscales, a one way ANOVA was conducted with post hoc tests. Significant differences were observed only between the PC and other two groups (RC and FC); no statistically significant differences were found between the RC and FC groups in any of the three problem scales. Emotional Difficulties RC (*M*=2.75, *SD*=1.680), FC(*M*=2.10, *SD*=1.917) and PC (*M*=.40, *SD*=.821); Behavioural Difficulties RC (*M*=3.83, *SD*=2.48), FC (*M*=2.95, *SD* =2.06) and PC (*M*=1.25, *SD*=.151); Social Relationships Difficulties RC (M=3.64, *SD*=1.62) FC (M=3.15, *SD*=2.47) and PC (*M*=1.05, *SD*=1.43).

Comparison of RC and FC outcomes

As reported above, no statistically significant differences were found between children living in RC and in FC in any of the variables explored, i.e., attachment classifications and emotional, behavioural or social difficulties.

Discussion

This is the first study to compare attachment styles between three groups of care (children living in residential and foster homes, or with parents) within the same country and where no intervention was included, i.e., placements were conducted as usual. Four of the five hypotheses explored in this study were confirmed. First, and as previous studies with Chilean Children's Homes samples have reported (e.g., Herreros, 2009; Lecannelier et al., 2014), in RC approximately twice as many children had a secure attachment classification and approximately half had a disorganised attachment classification compared to previous studies conducted in RC in other countries (see Lionetti et al., 2015 and Garcia Quiroga, & Hamilton-Giachritsis, 2016a for a review of studies in institutional settings). Possible reasons for this could be the influence of cultural factors that can facilitate a less 'mechanical', routine care in residential settings, such as more expression of affection (e.g., Chilean children in care refer to their caregivers and other significant figures as 'Aunties', while hugs and kisses are seen as positive and common expressions), other possible reasons could be more sensitive caregivers, smaller groups of children and better staff-child ratios. The influence of all these factors need to be studied.

A curious note is that children in PC presented rates of secure attachment slightly lower (60%) that seen in the international literature on general populations (65-70%). However, this PC sample had similar socioeconomic conditions to the AC groups in order to control for other possible confounding variables. As such, families in this PC group also had some degree of vulnerability due to social stressors that could impact upon the parent-child relationship and attachment formation, as mentioned by Van IJzendoorn, Goldberg, Kroonenberg, and Frenkel (1992). This is an interesting avenue to explore further.

Second, as expected, distributions of attachment styles in AC (RC/FC) differed from that observed in parental care, presenting more insecure and disorganised patterns. However,

disorganised attachment may be interpreted in a different way in residential settings as resulting from the complexity and instability of care in these contexts, rather than as a dysfunctional or pathological relationship with the carer due to severe neglect or maltreatment (as it would be interpreted in family settings).

Third, Indiscriminate Friendliness was higher in children living in RC, as has been found in other studies (Chisholm, 1998; O'Connor, Rutter and the English and Romanian Adoptee Study Team, 2000). Fourth, a higher percentage of children in both types of AC had SDQ scores that were classified as Abnormal, compared to children raised by their parents. This has been observed in previous studies and can been interpreted as a negative outcome for children who have experienced lack of appropriate parental care (i.e., abuse and neglect).

Fifth, surprisingly, the last hypothesis could not be confirmed as no significant differences were found between the RC and FC groups regarding security or disorganisation of attachment, total problems, or behavioural, emotional or social problems. Worldwide, foster care is seen as a better form of care, yet this outcome highlights the need for local research to study the conditions in which FC programs have been implemented and the quality of care being provided. These results also indicate that placement in FC cannot be conceived as a guarantee for better outcomes by itself, other factors may better explain different outcomes for children in both settings (such as quality of care, child:caregiver ratios and sensitivity of caregivers). It may be possible that difficult previous family experiences that children, both in RC and FC, have lived through can have an impact on the relationship they establish with new caregivers when placed in AC. All these factors need to be studied further in order to better understand the construction of attachment in alternative care settings.

The only domain in which there were significant differences between FC and RC was IF, which was higher in RC and has been associated to specific characteristics of residential

settings. Several authors (Chisholm, 1998; Zeanah, Smyke, and Dumitrescu, 2002; Dobrova-Krol, Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2010) have stated that IF behaviour can have a different meaning in residential settings and can be adaptive in these contexts (while more pathological if present in family contexts). These authors state that IF can be observed in children with a clear attachment figure as well as in those who do not have one, meaning that it is a different construct from attachment disorders as stated in international classifications. In residential contexts, it is possible that indiscriminate friendliness behaviours, may be seen by carers as adaptative to frequent changes in caregivers (i.e., the child being more sociable and adapting well to new caregivers), while in a family environment foster carers may see these behaviours as risky (i.e., child approaching strangers and placing himself in risk) so they tend to discourage these behaviours in the child.

Hence, these findings challenge the idea that foster care always provides better outcomes for children than residential care. However, it is important to consider whether other factors may better explain the differences among attachment styles beyond type of placement; these include quality of care, stability of placement and caregiver factors (e.g., sensibility, motivation, etc.) and these need to be explored further.

Limitations and future challenges

The residential homes and foster carers voluntarily agreed to participate in the study and, hence, the findings might be impacted upon by that in terms of generalisability. Although a range in quality of care was found within the residential homes included in this study, there were none that had extremely poor quality of care (see Garcia Quiroga & Hamilton-Giachritsis, 2016b for details of quality of care in residential settings included in this study). It may be that some other places or programmes that chose not to participate might have different patterns of attachment within their children. In addition, other countries in Latin America may have

differences in their policies and facilities for children in AC. Therefore, additional studies both within Chile and across Latin America would be useful.

Spanish norms were used to classify children´s SDQ scores according as no Chilean norms are available. A recent pilot study stablishes provisional norms for Chile based in a sample of 451 children (Rivera, Antivillo, & Capella, 2013). These norms are only very slightly different to Spanish norms; however, the lack of available standardised norms for a Chilean population is a limitation of this study.

This study considered an age range of 3 to 7 years old. However, babies and toddlers require more personalised one to one, and sensitive care, which has been proven to be crucial. Hence, it would be interesting to explore outcomes for even younger children or for age at admission. A number of other possible associated factors (as mentioned above) should be considered to explore associations and impact on attachment styles and other outcomes for children.

Conclusion

In conclusion, early intervention programs for families in vulnerable circumstances and with those that have started to present difficulties in their child rearing practices can help to avoid the need to place those children in AC. This should be a priority considering that outcomes for children are not optimal in either form of AC. However, whilst that takes place, RC need not be demonised, but knowledge built on how it can be useful and meet children's needs given that, at least in the short term, there will be children cared for in such settings. Similarly, research needs to consider why some FC is not meeting the needs of children any more than RC. Chile, and every country, needs to consciously asses the type of care they are providing to vulnerable children who suffer breakdowns in attachment formation and diverse socio-emotional and behavioural problems, in order to better implement public policies for their care. Caution is needed when replicating the experience of one country in another or when

comparing one type of setting in one country with a different setting in another country that may have very different characteristics. Each country should evaluate different programmes to improve the provision of services for children in need. Finally, the presence of several difficult outcomes in these settings (socio-emotional and behavioural difficulties, IF and attachment insecurity and disorganisation) should lead to the provision of mental health services for children living in AC as a priority.

PART II

Chapter 7

The Crucial Role of the Micro Caregiving Environment: Factors Associated with Attachment styles in Alternative Care in Chile

Chapter Rationale

Chapter 6 indicated significant differences in attachment security and disorganisation between children living in alternative care and children in parental care. Chapter 7 aims to explore factors (children's, carers' and structural) associated with attachment security in AC settings.

Submission

Chapter 7 has been submitted to *Child Abuse & Neglect* (authors: Manuela Garcia Quiroga and Catherine Hamilton-Giachritsis).

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.

Keywords: Alternative Care, Attachment, Foster Care, Residential Care, Caregivers, Sensitivity.

Introduction

An emergent body of research in attachment is being conducted with children living in alternative care (AC) settings, both RC and FC. 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 AC settings. Outcomes for children living in both RC and 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 RC and others in FC, exploring one or two variables each (see Garcia Quiroga, & Hamilton-Giachritsis, 2016a for detailed analyses of the factors previously studied). Therefore, the aim of this study was to explore the links between different attachment styles in two groups of children living in AC (RC and FC) and three groups of variables (i.e., child, caregiver, and structural factors) within one country.

Factors associated with attachment style

Initial studies suggest that factors associated with attachment style seem to differ between AC settings. For example, younger age at placement (*child factors)* has been found in previous studies to be linked with attachment security in FC, but not in RC (Ponciano, 2010; Smyke et al, 2010). However, the critical age in FC for better outcomes was 24 months, yet the studies of RC 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 et al., 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 (Vorria 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 *caregivers' 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 RC (Howes & Segal, 1993) and FC (Ponciano, 2010). Additionally, caregivers' own 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 (see Garcia Quiroga & Hamilton-Giachritsis, 2016a for a review).

In the final domain (*structural factors),* quality of caregiving and organisation of the home environment and learning materials have been linked to security of attachment both in RC (Zeanah, Smyke, Koga, & Carlson, 2005) and FC (Cole, 2005b). 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 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).

Thus, the aim of this study was to explore the links between different attachment styles in children living in RC and FC (in one country) and each of these groups of variables (i.e., child, caregiver and structural factors).

Method

This paper presents findings from one aspect of a broader study on attachment in AC in Chile. The wider study sample included 17 residential homes and five foster care programmes (see Garcia Quiroga, Hamilton-Giachritsis, & Ibañez, in submission), and explored attachment rates in RC, FC and parental care. This paper develops those findings, focusing on the two AC settings and considers factors associated with attachment styles – first in AC as a whole, and then the two groups separately.

Ethical approval

The STEM ethics committee, University of Birmingham (ERN 13-1187/131187A) gave consent for this study. Local approval was obtained in Chile: for RC, from each manager or management team; for FC, from the regional Children's Service. Details of the ethical procedures are listed below in detail, but related to maintaining confidentiality, informed consent, right to not participate and ensuring the child's welfare was paramount.

Sample

The total sample considered in this paper consisted of 57 children and 45 caregivers. Of the 57 children, 36 (63.15 %) were living in RC and 21 (36.84%) in FC. Children's ages ranged from 3 to 7 years old (M= 64.12 months, SD= 14.199), 32 of them (56.1%) were girls and 25 (43.9%) boys. No significant differences between the two groups were found in terms of current age, gender, number of previous placements or time in placement; however, FC children were younger at first placement, possibly reflecting the national trend to prioritise younger children for any FC placements available. For the AC group, as a whole, average time in current placement was 22.28 months (SD=12.06), 32.5% had previous placements, with an average of 1.38 previous placements (SD=.57) and mean age at first placement of 32.64 months (SD=20.31).

Of the 35 caregivers, 16 (35.5%) were foster carers and 29 (64.4%) worked in residential care; all were female; ages ranged from 30 to 75 years (M=51.52, SD=12.59); and with 0 to 32 years working as a Caregiver (M=9.70, SD=9.05, Md=7) with different patterns in RC (50% had been working as caregivers for 6 to 12 years) and FC (62.5% had been working for 3 years or less and 37.5% for 15 years or more). The majority of caregivers (52.7%) had only school level studies (8.8% primary and 43.9% secondary), 35.1% had some type of technical education

and 12.3% had a university degree. In FC, 86.7% of the caregivers had experienced breakdown in placements at least once.

Measures

Three groups of factors were explored and are reported in this paper: factors related to the quality of care provided, factors related to characteristics of the children's history and factors related to caregivers' characteristics. The following measures were used:

Attachment Story Completion Task (ASCT; Bretherton et al., 1990). Attachment representations were assessed using the ASCT, which is a video-recorded doll play procedure where a set of incomplete stories are presented for the child to relate an ending. Each of the stories is related to an attachment-relevant topic, such as failure, hurt, fear, separation and reunion. Full details of this procedure can be found in chapter 6. In summary, a modified ASCT has been used in institutional settings, with coding completed using the Story Completion Cards (CCH) system (Miljovitch et al., 2003) based on the child's narrative, behaviour and responses. *Classifications* can be obtained for the four main attachment scales for security, deactivation (avoidance), hyperactivation (anxiety/ ambivalence) and disorganisation of attachment representations, or can be analysed as a continuous model based on the *scores* in each sub scale. Reliability for the four attachment subscales is very good (intra-class coefficients of .94, .94, .85, and .90; Miljkovitch et al., 2004). In the current study, inter-rater reliability for attachment classification was assessed and classified as good (Kappa = .75).

Questionnaire for Caregivers. Demographic details (child and carer) were collected, as well as reasons and details about current placement, previous placements, adoption status and child's contact with biological parents. Carer's age, number of years working as a caregiver, level of training and beliefs about attachment were also collected (Appendix 8).

Motivations to Foster Inventory (MFPI; Yates, Lekies., Stockdale, & Crase, 1997). This inventory includes 10 Likert-type items (self-reported), assessing the initial reasons for becoming a caregiver (i.e., desire to help vulnerable children, financial benefits, increasing family size, community concern, supporting children with special needs, companionship, religious/spiritual expression, desire to adopt, replacement of an own child that has grown up and company for own child). It has been used in studies conducted in Australia, U.S.A and other countries. A study with 313 participants showed that 20 of 35 inter items correlations were .20 or below and only 4 at or above .30. Alpha value for inventory was .64 (Touliatos, Perlmutter, & Strauss, 2001). It was included in Questionnaire for Caregivers.

Revised Adult Attachment Scale (Collins, 1996) – Close Relationships Version (AAS). The AAS was included as a measure of the caregiver's attachment style. This is an 18-item, self-reported, Likert scale, modified from the original scale developed in 1990 to include information not only on romantic relationships but on close relationships in general. The scale measures adult attachment styles on three subscales (Closeness, Dependency and Anxiety) which can be classified according to the combination of high or low scores, into Secure, Preoccupied (Ambivalent), Dismissing (Avoidant) and Fearful (Disorganised). The scale has been adapted to the Chilean population (Fernández & Dufey, 2015) with good validity and reliability (Cronbach's alpha: .73 for Closeness subscale, .80 for Dependency and .87 for Anxiety). This is consistent with previous reports of Cronbach's alpha coefficients of .69 for Closeness, .75 for Dependency and .72 for Anxiety (Collins & Read, 1990). It was included in Questionnaire for Caregivers.

Observation for Measurement of the Environment (HOME) Inventory, Child Care – Early Childhood version (Caldwell & Bradley, 1984). This measure provides a general score of care quality (higher scores indicate better care). The Early Childhood HOME (HOME-EC)

consists of 55 items in eight subscales for specific components of care (i.e., learning materials, language stimulation, physical environment, responsivity, academic stimulation, modelling, variety and acceptance). It focuses on measuring the quantity and quality of stimulation available in the child's home environment and has been adapted to group care (Child Care version). It has also been used with high risk samples in several countries. Inter-observer agreement in several studies is evaluated at .80 or above, and presents convergent validity with other similar measures (r =.18 to r =.69 in the different subscales, all correlations significant at p=.05; Bradley, Caldwell, & Corwyn, 2003).

Caregiver-Child Social/Emotional and Relationship Rating Scale (CCSERRS; McCall, Groark, & Fish, 2010). This observational scale for measuring the Child-Caregiver relationship (Appendix 9) was specially designed to measure the quality of interactions in institutional (orphanage) settings; it can also be used to rate parents/caregivers at home. The scale focuses on socio-emotional interactions during three different situations: feeding, bathing and free play in several observation periods. It provides four caregiver measures (engagement, caregiver/child-directed behaviours, behavioural control and affection) and three child measures **(**engagement, affection and relationship with the caregiver). It can be used for caregivers with children aged up to approximately 6 years old. The scale has shown good reliability (agreement between raters either identical or within one point of .90) and validity in different contexts. It has been used in low and high quality orphanages in different countries, including some in Latin America (McCall, Groark, & Fish, 2010).

Procedure

All Children's Homes in the two regions of the country that house the greatest number of homes were invited to participate in the wider study. Contacts were made with those willing to participate and questionnaires for Managers were sent as part of the wider study. Having

been recruited into the wider study, eight of the Children's Homes met the eligibility criteria (i.e., had the correct age children, for a minimum period of six months living in current placement and without major disabilities) and were invited to participate in phase II; all eight agreed to take part. Visits were conducted in order to carry out interviews and observations. Consent was obtained from the person who held parental responsibility. All children who met the inclusion criteria and were present at the time of the visits were included in the study.

For the FC group, local Children's Services in the region with the most FC programs were contacted. FC agencies are run by different NGOs, certified, financed and supervised by the National Children Service, each covering a different geographical area. Having obtained the approval, five of the seven FC agencies located in this region (with a total number of 595 children) were selected according to the number of non-kinship foster carers they had (usually around 20% of the total number of children) and were then contacted via e mail and phone calls to invite them to participate. All five FC agencies agreed to participate and individual foster carers with children that met inclusion criteria (i.e., 3 to 7 years old, no severe disability and at least 6 months in placement) were given information about the study (i.e., general description, procedures, and confidentiality) via the telephone, and a time for a visit was agreed. Visits were held in the caregiver's home at a convenient time and when the child was present. During these visits, questionnaires, interviews and observations were conducted, including assessment of the child in the presence of the main caregiver. Again, consent was obtained from the children's caregivers or person who held parental responsibility after reading the information sheet and signing consent form.

Observations took 2 to 3 hours per visit. During these visits, quality of care (HOME inventory) and child-caregiver relationship (CCSERRS) were assessed based on the observation of free play, feeding and other routine activities. In addition, during a caregiver

interview, the measures were completed. Children's attachment styles were assessed using the ASCT, completed in their own home (residential or foster) and video-recorded. These assessments were completed by the first author and a research assistant, then coded by the first author and one third double-coded by a researcher at the University of Barcelona (blind to the initial coding). Inter-rater reliability of attachment classification was good (Cohen's Kappa; *k*a = .75, $p < .005$).

Treatment of data

Power analysis for this study was conducted with G*Power software. For chi-square 6df and 2df (Faul et al., 2008), Anova for 3 groups for attachment classifications (Faul et al., 2013) and Multiple Regression with 4 predictors for security in attachment, using an alpha of 0.05 and a power of 0.80 (Faul et al, 2013). The desired sample size in order to detect medium size effects ranges from 64 to 159 depending on the statistic, and for large size effects from 21 to 66 participants. This study had 57 participants and hence could potentially detect large effects.

Regarding data analysis, preliminary testing was conducted to check assumptions of normality, linearity, homogeneity of variance, multicollinearity and checking for outliers. No serious violations were noted for CCSERRS, ASS, Beliefs inventory and age at first placement; for other variables, some assumptions were violated and non-parametric statistics were preferred. A chi-square test for independence was conducted to explore associations with four categories of attachment, however this was invalid due to number of cells with fewer counts than expected. Avoidant and Ambivalent categories were therefore merged in an "Insecure" category and associations between caregivers' attachment style, beliefs and motivations and these three categories were then calculated with chi-square test for independence. A one-way between groups analysis of variance (ANOVA) was conducted to explore the differences in the

caregiver's relationship scale (CCSERRS) between types of child's attachment style (measured by ASCT-CCH). A Bonferroni adjusted alpha level of .01 was used when multiple comparisons were conducted for different subscales. Correlations were conducted in order to explore the association between attachment scores and children's factors (current age, number of previous placements, and age at placement) and caregivers' factors (CCSERRS, caregiver's age and ratios). A multiple regression was conducted in order to explore the contribution of four variables (HOME score, CCSERRS score, number of children per caregiver and caregiver's experience) in explaining the variance in attachment security scores in children.

Results

Children's Factors

Nearly half of the children (43.9%) had a history of at least one previous placement; of these, 63.6% had been placed in RC, 31.8% in FC and 4.5% had previously experienced both types of placements. Overall, 57.9% of children did not have contact with their biological parents. However, only about a quarter (28.6%) were in the process of being adopted. Children in RC had attachment styles that were classified 36.1% secure, 27.8% Avoidant, 11.1% Ambivalent and 25.0% Disorganised, for FC children the attachment *classifications* were 42.9% Secure, 14.3% Avoidant, 28.6% Ambivalent and 14.3% Disorganised (see chapter 5 for details). Age at placement, reason for placement, previous placements and time in placement were explored as possible factors related to attachment style but no significant differences were found in these factors across different attachment *classifications*, nor associations between these variables and attachment *scores*.

For the group as a whole, there was a medium positive correlation between child's current age and security *scores*, $r = .39$, $n = 57$, $p = .003$; but when the two care groups were

analysed separately this correlation remained significant only for RC, *r*=.59, *n*=36, *p*=.000 (for FC, *r*=.10, *n*=21, *p*=.655, *n.s).* Also, age at placement was significantly (positively) correlated with security *scores* for the RC group, *r*=.39, *n*=33, *p*=.023 not the FC group, *r*=.00, *n*=20, *p*=.1.0, *ns*.

Caregivers' Factors

Caregivers' Attachment Style. The majority of caregivers (66.7%) had a secure attachment style, which corresponds with general population studies in different countries. The relationship between caregivers' and children's attachment styles was explored. In four categories of children's attachment style (Avoidant, Secure, Ambivalent and Disorganised), chi square could not be conducted due to the cell count assumption. The groups were collapsed into three (Secure, Insecure and Disorganised) attachment categories and no significant difference in caregivers' attachment style between groups was found. There was no significant association between attachment style in children and attachment style in caregivers (χ^2 (1, *n*=53) = .20, *p* = .65, *ns*.) as a whole, or when analysed separately by care group.

Number of years working as a caregiver. The number of years caregivers had been dedicated to that activity ranged from 0 to 32 (*M*=9.7, *SD*=9.055), with a higher number of years in the FC group (*M*=11.57) than the RC group (*M*=8.61). The relationship between Caregivers' years of experience and children's attachment style was explored; a Mann-Whitney U Test revealed a significant difference in the number of years working as a Caregiver in Secure (*Md*=3, *n*=22) and Not Secure (i.e., insecure or disorganised) children (*Md*=8, *n*=35) *U*= 247.500, *z*= -2.265, *p*=.024, *r*=.30 (medium size effect), with more experienced caregivers having a greater number of children with a Not Secure attachment style.

Caregiver's age. The caregivers' ages ranged from 30 to 75 years (M=51.52). The relationship between caregiver's age and attachment security *scores* was investigated using a Spearman correlation coefficient. There was a negative correlation between the two variables (*rho*= -.56, *n*=21, *p*=.008), with older caregivers associated with low scores in the child's attachment security, this was possibly confounded with years of experience, as older caregivers were generally also more experienced.

Caregivers' beliefs about attachment. A Mann-Whitney U Test revealed no significant difference in caregiver's attachment beliefs (as measured by total scores in the beliefs inventory) in Secure (*Mr*=25.25, *n*=22) and Not Secure children (*Mr*=31.36, *n*= 34) *U*=2.500, *z*=-1.355, *p*=.18, *n.s.* When analysed individually, the only belief that approached significance was "It is not good for children living in residential or foster care to get involved with their caregivers as in the future they will have to leave and they will suffer"; 68% of Secure children had caregivers that Disagreed/Totally Disagreed with this belief, while only 13.6% agreed with it. In contrast, 42.9% of the children classified as Not Secure had caregivers who agreed with this belief χ^2 (2, *n*=57) =5.77, *p*=.05, *V*=.318.

Caregiver's Motivations. A chi square test for independence indicated a significant association between the caregiver's religious/spiritual motivation for fostering and the child's attachment style, with 72% of the Not Secure children having a caregiver who Agreed or Totally Agreed with that motivation compared to 40.9% of the Secure children, χ^2 (2, *n*=55) = 6.93, *p* =.031, *V*=.36 (medium effect size).

Caregiver-Child Social Relationship Scale (CCSERRS). A one-way between groups analysis of variance (ANOVA) demonstrated a significant difference between attachment style *classification* (Secure, Insecure and Disorganised) and mean scores in CCSERRS (*F* (2,

53)=8.72, *p* =.001). The effect size (calculated using eta squared) was .247 (large). Post-hoc comparisons using Gabriel's test indicated that the mean caregiver-child social relationship score for the Secure group (*M*=2.545, *SD*=.308) was significantly different from both the Insecure group (*M*=2.165, *SD*=.350) and the Disorganised group (*M*=2.155, *SD*=.358). The two latter groups did not differ significantly from each other (see Figure 7.1).

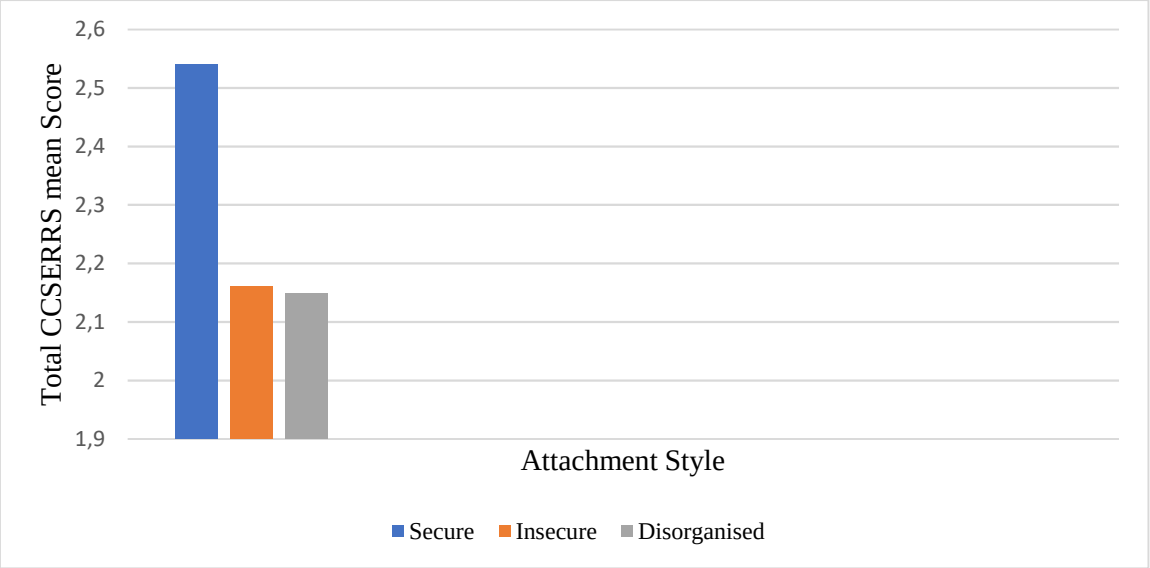


Figure 7.1.
Comparison of Total CCSERRS mean scores between attachment *classifications*.

Significant differences were also found between the three attachment *classifications* and Caregivers' Engagement, Responsivity, Child-Directed and Affection (see Table 7.1).

Table 7.1.
Analysis of variance (ANOVA) between children's attachment classification in Caregivers' CCSERRS subscales

	Secure		Insecure		Disorgan.					
	M	*SD*	*M*	*SD*	*M*	*SD*	*F (2,53)*	*p*	η^2	Gabriel´s
Engagement	2.61	.38	2.17	.66	1.93	.55	6.566	.003**	.20	S > D, U
Responsivity	2.65	.40	2.33	.56	2.20	.48	3.967	.025*	.13	
Child-Directed	2.25	.47	1.72	.54	1.79	.48	6.943	.002**	.21	S > U, D
Affect	2.63	.41	2.23	.69	1.96	.56	5.959	.005**	.18	S > D, U

* The Mean difference is significant at p < .05
**The Mean difference is significant at p < .01 (Bonferroni adjustment)

Correlations were conducted to explore the relationship between caregivers' scores on the CCSERRS and attachment *security scores* in children (see Table 7.2). There was a medium positive correlation between the variables with high scores in Total, Engagement, Responsivity, Caregiver vs Child-Directed and Caregiver's Affect associated with higher attachment security scores in children.

Table 7.2.
Pearson Correlation coefficients between Caregiver's CCSERRS and Attachment ***Security*** *Scores in Children.*

	Rho
Total CCSERRS	.444**
Engagement	.419**
Responsivity	.373**
Caregiver-Directed	.410**
Disciplinary Control	-.113
Affect	.385**

** p < .001 (2-tailed)

Quality of Care (Structural factors)

Number of children per caregiver (ratio). The number of children per caregiver ranged from 1 to 10 (*M*=5.62, *SD*=2.718), differing between RC (*M*=7.23) and FC (*M*=2.80). The distribution of the number of children per caregiver across Secure and Not Secure children was explored. A Mann-Whitney U test revealed a significant difference in the number of children per caregiver in the group of children *classified* as Secure (Mean rank= 21.45, *Md*= 6, *n*=20) and Not Secure (Mean rank=31.74, *Md*=6, *n*=35) *U*=219.000, *Z*=-2.34, *p*=.019, *r*=-.32 (medium size effect); children classified as having a Not Secure attachment style (i.e., avoidant, ambivalent or disorganised) were more likely to have a caregiver with a high number of children under her care than the Secure children.

Similarly, the relationship between number of children per caregiver and attachment security *scores* was investigated using a Spearman correlation coefficient. There was a medium negative correlation between the two variables, *rho* = -.34, *n* = 55, *p* = .012, with high numbers of children per caregiver associated with low scores in attachment security; this was true both for the whole sample and when analysed separately by type of care.

Quality of Care (HOME Scores). Total scores in the HOME inventory ranged from 26 to 57 (*M*=41.79, *SD*=8.558), with a slightly higher (which means better quality of care) mean score for FC (*M*=45.7) than RC (*M*=38.52). When the distribution of scores across Secure and Not Secure children was explored, a Mann-Whitney U Test revealed a significant difference in care quality (as measured by the HOME scale) between Secure (*Md*= 47, *n*=22) and Not Secure (*Md*= 41, *n*= 35) *U*= 220.000, *z*= -2.71, *p*= .007, *r* = -.36 (medium size effect), with higher HOME scores in Secure (Mean rank = 36.50) than in Not Secure children (Mean rank= 24.29).

The relationship between Total HOME scores and attachment security scores was investigated using a Spearman correlation coefficient. There was a small positive correlation between the two variables, *rho* = .28, *n* = 57, *p* = .036, with high scores in the HOME scale associated with high scores in attachment security. This was also true for four subscales: learning materials, language stimulation, responsivity and variety; however, when analysed separately, these variables remained significant only for FC.

Integration of factors. Multiple regression was used to assess the ability of four control measures (Total CCSERRS Scores, Ratio, Total HOME scores and years as a caregiver) to predict security *scores* in attachment. The total variance explained by the model as a whole was 33.5%, *F* (4, 49) = 6.160, *p* < .001 (see Table 7.3).

Table 7.3.
Multiple Regression Model for Security

	B	Std. Error	Beta	Sig.
(Constant)	44.574	12.919		.001
Total Score CCSERRS	8.799	4.599	.304	.062
Number of children per Carer	-1.400	.622	-.346	.029
Total Score HOME	-.191	.230	-.148	.410
Years as Carer	-.414	.154	-.340	.010

R Square= .335

Total HOME score made the least contribution to the model (Beta=.148); when it was removed, the model still explained 32.1% of the variance in attachment security. However, when the relationship between HOME total score and CCSERRS was explored with ANOVA, this variable made a significant contribution to the variance in CCSERRS (beta=.563). Thus, the impact of care quality (as measured by the HOME score) on attachment outcome seems to be influenced by the caregiver-child relationship (as measured by CCSERRS; see Figure 7.2).

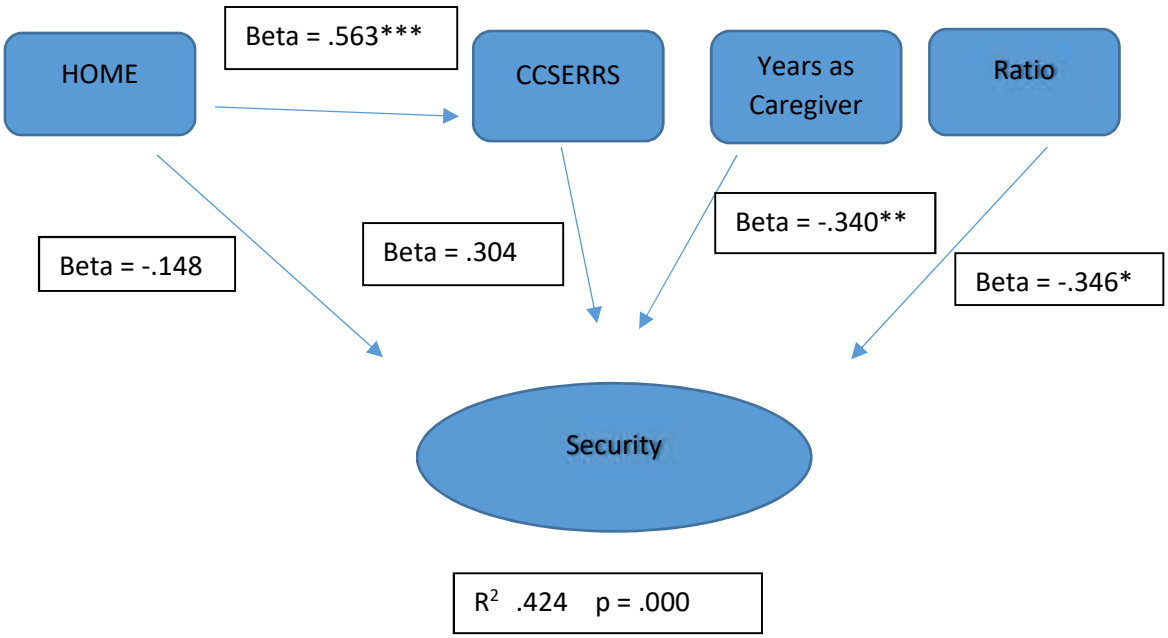


Figure 7.2.
Factors affecting security in attachment

When this model was conducted by type of care separately, it remained predictive for both settings but had a higher predictive value in explaining the variance in attachment security for FC (R^2 =.696) than for RC (R^2 =.300). The variable with the highest predictive significance for FC was Ratio (Beta = -.654, *p*=.009), while the highest for RC was total CCSERRS (Beta=.549, *p*=.037). The influence of HOME scores in CCSERRS remained significant for both types of placement.

Discussion

Given that initial findings from the wider study with children in AC (see chapter 6) found that differences in attachment quality in this Chilean sample could not be explained by type of placement (RC or FC), this paper has attempted to identify factors that do impact on attachment. Several factors can influence the type of attachment a child establishes with his caregivers, and this study has explored the possible influence of some of these factors.

In this study, the only *Children's Factor* linked to secure attachment was the child's current age (with more older children having secure attachments). However, this sample only considered children over three years old; this was due to methodological reasons (i.e., the use of an assessment tool that was friendly for children, could be used in a wide age range and in different contexts allowing to compare groups), while previous studies have shown that there seems to be a crucial cut-off point at 24 months with children placed before that age having secure attachment styles in a higher percentage than those being placed after two years old. Studies with larger samples including younger children may be useful to clarify the influence of this factor in the Chilean population.

Several *Caregivers' Factors* were linked to quality of attachment in this sample. First, children classified as having a Not Secure attachment styles, had caregivers with a higher number of years of experience working as a caregiver. This could be linked with the difficulties of coping with previous experiences of separation and breakdown in placements, which may lead to the decision not to become involved with future children under their care. This has been mentioned in previous studies with caregivers (Garcia Quiroga & Hamilton-Giachritsis, 2016b; Garcia Quiroga, Hamilton-Giachritsis, & Ascorra, in submission). It may also be linked with more experienced caregivers treating the relationship with children as a job, adopting a more routine approach. In the old Chilean system of fostering, carers were called "keepers", which emphasised providing for the children's basic needs rather than an affective relationship. This system changed in 2005 when FC was implemented as a formal programme, the name "keeper families" was changed to "foster families", and legal support was approved by law (Ministry of Justice, 2005).

Caregivers' beliefs as a whole were not directly linked with quality of attachment in children. However, caregivers who agreed with the belief "it is not good for children in AC to get involved with their caregivers" had children with more insecure attachment scores. This reveals the importance of working with caregivers on the importance of relational bonds with children in AC. Only one of the caregivers' motivations was associated with insecure attachments (i.e., religious/spiritual), this has been mentioned in a previous study and may be due to more personal and adult-centred motivations, with less focus on the children's needs.

One of the main caregivers' factors linked with security of attachment was the quality of the relationship the caregivers establish with children (i.e., engagement, affection, responsivity). These factors were all significantly correlated with secure attachment and reflect

the importance of what has been called the ‘micro-caregiving’ environment (Bakermans-Kranenburg et al., 2011).

At a wider level, some structural factors affect the quality of attachment: the number of children each caregiver has under her care seems to be crucial, with larger groups of children experiencing difficulties in establishing a secure attachment, while smaller groups facilitate security. Added to this, care quality as measured by the HOME scale indicates that environments with appropriate levels of stimulation, language stimulation, good learning materials and variety can provide an opportunity for developing nurturing relationships. A good environment on its own is not enough to guarantee secure attachment, but it has an influence on the relationship and this makes it easier for secure attachments to occur. Understandably, the greater number of children in the care of one person, the more these opportunities are likely to be reduced. Hence, child-caregiver ratios appear to be a crucial first step, followed by training caregivers in how to stimulate children and develop warm, sensitive relationships.

In summary, the factors affecting attachment security are the number of children each caregiver has to take care of, the relationship this caregiver establishes with each child (i.e., her engagement, sensitivity, affection and disciplinary style) and the years of experience the caregiver has. Care quality as measured by the HOME scale has an indirect effect on attachment security linked to the caregiver-child relationship.

Implications and limitations

Placement in FC or RC by itself does not ensure that the child will or will not establish a secure attachment with the caregiver. Some crucial factors need to be potentiated to ensure the possibility of a reparative experience while living in AC, considering that the child has been placed there after a difficult situation in its own family environment and that emotional damage

may exist. Caregivers seem to be crucial figures in this reparatory process; their role can be facilitated by generating high quality of care environments and small groups of children with stable caregivers. Support for caregivers is needed in order to help them to cope with several experiences of separation and loss, and to work with their beliefs about the appropriateness of emotional involvement with the children.

In terms of future research, studies with larger samples are needed in order to explore possible factors associated with the quality of attachment; due to the relatively small sample size of this study, only large size effects could be detected. It is possible that some factors not linked with attachment quality in this study (i.e., number of previous placements, age at placement, caregiver's training, education and beliefs) may be associated but could not be detected.

The results of this study are based on voluntary participation and can only be generalised to AC settings with similar characteristics; other settings with lower care quality and high child-caregiver ratios may have a negative impact on caregivers' sensitivity and outcomes for children. Children of different ages, especially younger ones, may also have different outcomes, and the factors affecting their attachment quality may also differ from those mentioned here. Caution is needed when generalising results to different countries, and local studies are recommended before the implementation of public policies.

Conclusion

This study highlights the importance of the caregiver's affection and sensitivity as a main contribution to the achievement of a secure attachment in children under her care. This affective relationship can only be possible in a good quality environment with a low number of children per caregiver, appropriate learning materials and level of stimulation. This is true for

both RC and FC. Public policies for foster and residential settings need to consider quality of care and the promotion of a nurturing *micro caregiving environment* in order to ensure proper care for all children removed from their biological families for protection.

Chapter 8

GENERAL DISCUSSION

This section presents the aims of the thesis and the contribution of each chapter to the achievement of these aims. Limitations of the studies are then discussed and implications for policy and practice are presented, as well as future directions for research.

As an overview, this thesis has significantly contributed theoretical and empirical research to achieve the main aim which was *to study the attachment representations and related factors in children living in alternative care and their temporary caregivers in Chile*. It has been the first study in Chile with a main focus on exploring attachment representations of children living in residential and foster care and the first study to compare attachment in three different types of care (conducted as usual) in the same country. It has also been the first study in Chile to explore residential and foster caregivers' views regarding the relationship they establish with the children and the first study to explore Managers' beliefs and practices, as well as the impact this may have on children's outcomes. The consideration of multiple actors involved in the experience of alternative care has provided new and valuable information which can potentially help to develop better care for looked-after children in Chile.

The following specific aims, as part of the general aim, were stated for this research:

Objective 1: To review the existing body of research regarding attachment in alternative care.

Chapter 1 of this thesis contributed to the achievement of this aim through a systematic literature review of existing studies of attachment in RC and FC. Conclusions of this review describe a lower prevalence of secure attachment styles and a higher percentage of disorganised attachment in children living in RC when compared to parental care. Children in FC had

percentages located in between this two groups. Wide variations between different countries were observed. The review, however highlights the inexistence of studies conducted with these three groups of care, conducted as usual in the same country (comparisons between settings are frequently made between different countries) and the lack of studies in less developed countries. A series of different factors have been explored in isolation as linked to attachment outcomes in children in AC, however there is a lack of studies exploring the contribution of an important group of factors (i.e., characteristics of children, caregivers' and settings) in a single sample. The information in this chapter contributed to plan and design the empirical chapters of the thesis and highlighted the importance of exploring the Chilean situation of AC.

Objective 2: To review the Chilean situation of Looked-After Children.

Two chapters (2 and 3) contributed to the achievement of this aim. Chapter 2 consisted of a review of the situation of AC in Latin America with a focus on Chile; the historical background, public policies, rates, demographic information and characteristics of placements were reviewed. Results indicate that there is an important number of children still living in AC and a tendency to move away from the use of RC towards FC following international recommendations. Characteristics of settings in Chile reveal a mixture of a few old, big institutions and many small and more family-like homes; FC programs which, in practice, include a great number of kinship care, have recently being potentiated as a priority for children under three. However, there has been little evaluation of outcomes for children in FC and no comparison with RC in Chile. Other important findings are that some children are still being placed in AC due to poverty which could be solved with family support instead of removing the child and that maximum lengths of placement, used as an isolated measure, can lead to instability of placements due to changes in order to achieve the time frame standards. High diversity of settings was observed, with many private or NGOs organisations having an

important role in the provision of AC services for children. Several recommendations for policy and practices were developed in this chapter.

Chapter 3, the first empirical chapter, contributed to the achievement of this aim by exploring attachment based practices in a sample of Children's Homes and Managers' beliefs regarding attachment relevant issues (*N*=17). Some positive factors were revealed as potential contributions for attachment formation between children and temporary caregivers. Additionally, Managers' beliefs were associated with quality of care (specifically with caregivers' sensitivity) and outcomes for children in terms of socio-emotional and behavioural difficulties. Great variation between Homes was observed and the need to design and implement a national plan of intervention with managers with a relationship-based approach and associated structural changes, was proposed.

Objective 3: To explore the experiences of Carers working in residential and foster care in Chile and the relationship they establish with the children.

Contribution to the achievement of this aim was presented in two empirical chapters (4 and 5). Chapter 4 explores the experience of eight focus groups of carers (*N*=43) working in children's homes and reports positive experience of their role and emotional involvement in the relationship with children as well as some difficulties at three different levels (i.e., system, relationship with the children and relationship with the team). Even allowing for an element of social desirability in responses, the outcomes were quite different to some previous descriptions of care provided in institutional care in Europe, where (in some cases) physical care was the main concern (e.g., Browne et al., 2005). Chapter 5 reports views and experiences of foster carers (*N*=14), positive experience, emotional relationship, desire of adoption and failure to comply with regulations were described as characteristic of the whole group, besides that, two

different groups were described one more centred in a maternal role with a specific child and the other, more experienced, with multiple children and a closer relationship with biological families. The need for caregivers training and some changes to the FC system were proposed.

Objective 4: To study the attachment representations of children living in institutional and foster care in Chile, compared with children living in parental care.

Chapter 6 contributed to the achievement of this aim presenting the results of a study conducted with children living in residential, foster and parental care in (*N*=77). Better rates of secure attachment in children living in RC were found in this Chilean sample when compared to a meta-analysis of studies in different countries. Important differences were found between children living in AC (both residential and foster) and children in parental care, regarding the quality of attachment and socio-emotional and behavioural difficulties, revealing the importance to work with families for the prevention of family breakdown, and the need to provide special and priority mental health support for children living in AC.

Objective 5: To determine whether there are differences between different types of alternative care, in relation to attachment representations.

This aim was also achieved through results presented in chapter 6, which compared children in RC and FC, alongside a control group of PC. Regarding two different types of AC settings, no significant differences were found in outcomes for children in this Chilean sample. Similar rates of attachment representations and socio-emotional and behavioural difficulties were found in children living in RC when compared to FC. The only domain in which significant differences were found was indiscriminate friendliness (which has been described in previous studies as very characteristic of institutional care and with different aetiology from when it is present in family contexts).

These results do not support the idea that FC always provides better outcomes for children than RC or that it is always the better alternative for children. However, these findings likely show that the quality of FC needs to be improved, rather than necessarily demonstrating the value of RC. Alternatively, it may be that the smaller, family based home approach more apparent in Chile leads to better outcomes than have been seen in Europe and North America. In reality, it may be something of both.

Objective 6: To explore the relationship between the representations of attachment and some possible related factors (children's factors, carers' factors and institutional factors).

Chapter 7 contributed to the achievement of this aim by exploring a series of possible related factors to attachment quality in children living in alternative care (*N*=57). Three levels of possible related factors were considered: children's factors, carers' factors and structural or institutional factors. A central role of the caregiver, and the relationship they establish with each child in terms of sensitivity, affection and responsivity to child's needs in the micro caregiving environment (i.e., child-caregiver specific relationship), was observed to be crucial in the construction of a secure attachment in the child. Additionally, some structural factors (specifically the number of children each caregiver has in her charge) need to be considered in order to facilitate the development of secure attachments in children living in AC.

Limitations of the studies

Limitations of this research have been mentioned in detail in each chapter. In summary, the main limitations refer to the voluntary participation at all stages, which means that some Managers and Carers may have refused to participate due to reasons that may be linked to the quality of care provided. However, it is important to mention that within the sample there was a relatively wide range of different characteristics of setting, including some with a lower quality of care than others. Therefore, results of this research, may or may not be generalisable

to other samples of RC and FC (i.e., other countries, kinship care, younger or older children, and larger institutions).

Results of this research may not be generalisable to children of other age range not considered here. This might be especially true for infants and younger children who require even more personalised care and a one-to-one relationship with a sensitive caregiver. Finally, longitudinal studies would always be useful in determining outcome as cross-sectional studies do not allow for a follow up and are thus limited in their possibility of describing the influence of time and development as confounding factors in children outcomes, It would be desirable to conduct a study with assessment at the beginning of placement and the follow up at different stages of the process.

Implications for policy and practice

Each chapter has developed in detail implications for policy and practice. In brief, overall this research has highlighted that outcomes for children can vary between countries and this needs to be taken into account when replicating initiatives from different countries. Specifically, in this Chilean sample better rates of attachment in RC were found when compared to studies conducted in more developed countries. Factors linked to these better rates were associated with some structural conditions and the specific relationship with a sensitive caregiver, which may better explain outcomes for children than the type of care (RC or FC) alone. This needs to be taken into account when planning and designing programs of intervention for children without appropriate parental care. An attachment-based or relationship-based approach in children services is proposed, which considers training and support for caregivers, recruitment of managers with an understanding of attachment and emotional development in these contexts, together with some structural changes that may facilitate the development of a secure attachment (i.e., child: caregiver ratios). In this sense, it

would be important to follow up the experience of settings that are providing a good quality of care and are having better outcomes for children. These examples of good practice could be shared with other settings (as a national plan of improvement) in order to potentiate positive practices and replicate experiences.

In terms of comparisons between AC settings, the results of this research do not support the idea that FC is always and in all contexts better than RC. Thus, moving all children from RC to FC is, unfortunately, not a magical solution. Micro caregiving factors and structural conditions as quality of care need to be considered in any setting in order to provide better care for children. This is not to say that we should not be working towards having children in foster homes, which are, in general, more individualised and therefore have the potential to be better, merely that the FC system has to work correctly for this to be a real better option for children.

Several implications can be mentioned in terms of staff working in AC settings, in first place, as mentioned before, Managers can have an important role in promoting sensitive caregiving, their qualifications and beliefs should be assessed and strengthen. Training should be provided to ensure all managers can facilitate adequate processes in their teams. In this same line, better training and support is needed for caregivers working in both settings in order to provide them with tools and develop capacities to better understand children's needs and behaviours and to manage the relationship with children they care for. Professionals and teams in these complex contexts need to be experienced, trained and stable (which implies better conditions for staff in order to facilitate stability of teams).

Regarding FC, caregivers' expectations regarding the fostering process need to be explored and clarified, especially considering that in FC some degree of ambiguity in time frames is unavoidable. Additionally, the links between adoption and fostering programs needs

to be revisited in order to better respond to specific characteristics of carers in Chile detected in this sample where both topics (i.e., adoption and fostering) were less differentiated in practice than in theory. Developing a more diverse and flexible but clear system of fostering in Chile can be improved if considering the diversity of experiences this research highlights. Adoption and fostering systems are both being transformed at the present so this gives an opportunity for including new approaches based on local research.

Last but not least, the difficult outcomes for children both in RC and FC setting in terms of attachment rates and socio-emotional and behavioural difficulties when compared to parental care, is an urgent call for a public policy of priority support in mental health and educational services for children living in AC. Linked with this, and in terms of prevention, social and psychological support is needed for families in vulnerable conditions in order to avoid the separation of a child from their family when conditions can be improved.

Directions for future research

Further research would be desirable in children living in AC with different age ranges not considered in this study, it would be especially important to develop studies with infants and toddlers considering that FC has been signalled as priority placement for children under three in Chile but no evaluation of outcomes has been published.

Regarding RC, in addition to that outlined above, further research is required in those few, very large institutions that still exist in Chile. Recent informal reports have detected several and severe problems for children in these settings (Poder Judicial, 2013, Senado de Chile, 2016). Research focusing on outcomes for these children can help in the provision of better care for every child.

Regarding FC, the sample included in this study did not consider kinship care. Further research with this group of children and carers will highlight differences and similarities with this sample and the consideration of specific factors in policy and practice.

Additionally, further research regarding attachment in AC, and comparison of outcomes between different types of care in same country is encouraged in other less developed countries in order to provide valuable information regarding conditions of the care provided and implications for practices.

Conclusion

Attachment representations in children living in AC are associated with some structural conditions of placements and to the specific relationship with a sensitive carer. It is proposed that care systems take into account an attachment based-approach when planning recruitment and training of managers and caregivers, and designing RC and FC systems. A wider policy of child care is needed which includes: Better initiatives to help children remain at home, particularly if due to poverty, different levels of FC to suit different types of carers and children, with highly experienced professional teams in FC agencies and changes to RC (based not only in international standards but also in what is working well in each country) to ensure that whilst it is still used, it is the best possible for every child.

APPENDICES

APPENDIX 1. Managers' Questionnaire

Mapping the number and characteristics of children in institutions in Chile

INSTITUTION QUESTIONNAIRE FOR MANAGERS

Adapted from Daphne Questionnaire (University of Birmingham, 2003)

Please complete:

Code of Institution _____

Rural or Urban (Please circle)

Date completed _____

Mapping the number and characteristics of children in institutions in Chile

INSTITUTION QUESTIONNAIRE FOR MANAGERS

This questionnaire is designed for a research about the number and characteristics of children in care in Chile; this research aims to describe the current characteristics in several institutions as a whole, **not identifying any particular one.**

There are no correct or wrong answers; please answer in the space provided the following questions about the institution you manage. Most of the questions ask for numbers, if you can't provide a number please state an approximate percentage **indicating this with the % sign.**

PLEASE COMPLETE:

Type of Institution:

i) Large (capacity of 25 or more children resident) ☐
ii) Small (capacity for less than 25 children ☐
iii) Room within other institution ☐

Is the institution run by (tick appropriate box)

☐ Government
☐ Non governmental organisation/private with governmental support
☐ Non governmental organisation/private only.

SECTION A: CHILDREN

1. Total number of children in institution (of any age) _____

2. Maximum number of children that the institution can accommodate (capacity) _____

3. Number of children in institution, by ages:

0 to 3 years old (up to 2 years 11 months 29 days)	
3 to 6 years old (up to 5 years 11 months 29 days)	
6 to 12 years old (up to 11 years 11 months 29 days)	
12 to 18 years old (up to 17 years 11 months 29 days)	

4. Male / female ratio _____

5. Are they any children with disabilities in this institution? YES / NO (please circle)

If yes, how many? _____
Please give details of type of
disability_____

_____

6. **Reasons for placement**: Number (or percentage) of children placed for the following **primary** reasons (consider only **one** main reason for each child) If using percentage please indicate this by using the (%) sign:

   a) Biological orphans (both parents dead) _____

   b) 'Abandoned' or transferred for adoption by parents (at least one parent living)_____

   c) Poverty in family (socio economic problem) _____

   d) Severe physical ill health of parents (e.g. AIDS, tuberculosis) _____

   e) Substance abuse in parents _____

   f) Mental health difficulties in parents_____

   g) Parents in prison _____

   h) Abusing and/or neglectful parents _____

   i) Street child or child labour _____

   j) For other reasons _____ What reasons? _____
   _____

7. **Length of stay** of children in this institution: Average length of stay _____
8. Number (or %) of children previously placed in another institution _____
9. Number (or %) of children moved from this setting to other placements in the past year for the following reasons:

   a) Returned to biological family _____

      Of these, how many were returned to:
      i) Own parent _____
      ii) Other relative _____

   b) Adopted nationally _____

   c) Adopted internationally _____

   d) Foster care/professional family _____

   e) Moved to another residential institution _____
      i) Small institution _____
      ii) Large institution _____

   f) Other _____

10. Are the children typically moved to a new ward or group with different caregivers and peers when they reach a certain age?

    YES / NO (please circle)

SECTION B: INSPECTIONS

11. Are there inspections by a government or other official body? YES / NO (circle answer)

    If yes, how frequently _____

SECTION C: ADMINISTRATION

12. Records. Please mark yes or no for each type of record in your institution.

TYPE OF RECORD	YES	NO
Criminal records of the staff working with children		
Medical records of the staff working with children		
General records of the children		
Developmental records of the children		

13. Is there any follow-up of children who leave the institution? YES / NO (circle answer)

14. Average cost (per child, per year) (state currency) _____
15. Amount of the Governmental subsidy (per child, per year) _____

SECTION D: STAFFING

16. Total number of staff in institution _____

    a) Number of staff directly caring for children _____

    b) Number of staff undertaking practical tasks (e.g. cooking, cleaning, washing) _____

    c) Number of staff undertaking only administrative tasks _____

    d) Number of medical/professional staff _____

    e) Number of other staff _____ (please specify) _____

17. Qualifications of staff directly working with children in institution:

QUALIFICATION	NUMBER OF STAFF
Without any qualification	
Technical Degree	
Psychology Degree	
Social Worker Degree	
Other Professional Degree	

18. Average length of employment for staff working with children _____
19. What is the longest time a member of staff has been working in the institution? _____
20. What is the shortest time a member of staff has been working in the institution? _____
21. How many members of staff left the institution in the past year? _____

22. Shifts and Ratios:

    a) How many children are in the care of one adult at a time? _____

    b) How many adults are involved in the care of one specific child in one week period (including key workers, night staff, etc.)? _____

    c) How is the organization of shifts done? _____

    _____

23. Volunteers:

    a) Does the institution use volunteer workers in direct contact with the children? YES / NO (circle answer)

    If yes, are there police checks on volunteer workers? YES / NO (circle answer)
    If yes, are there medical checks on volunteer workers? YES / NO (circle answer)

    b) Please give approximate number of volunteer workers _____

    c) Average number of hours spent with children in a week _____

    d) Briefly describe their role/activities_____

    _____

    e) Do volunteers work for a previously stated length of time (eg. month, term, year) YES / NO (circle)

    f) How long is the average time _____

SECTION E: FAMILY SITUATION

24. Number of children with siblings (of any age) _____

25. Number of children with siblings (of any age) *within* the institution _____

    If any, what percentage of sibling groups sleep in the same bedroom _____

26. Number of children with siblings (of any age) in *another* institution _____

SECTION F: VISITATIONS

27. Are records kept of visits to children? YES / NO (circle answer)

28. Are there specified visiting times? YES / NO (circle answer)

    If yes, what are they _____

29. Number (or %) of children visited by parents or relatives over the past 3 months _____
    Of these children, how many (or %) were visited by:

    i) Mother _____

    ii) Father _____

    iii) Sibling _____

    iv) Other _____

30. Of the children in institution, how many (or %) have never been visited _____

31. Do children visit their family in weekends? YES / NO (circle answer)
    If yes, how many of them (or %) _____

SECTION G: OTHER ACTIVITIES AND SUPPORTS

32. Do individual children go out in weekends with other families/adults (not relatives nor institutional staff) YES / NO (circle answer)
    If yes, how many (or %) _____
    Is this family/adult always the same? YES / NO (circle answer)
33. Number (or %) of children who attend to school, pre-school or nursery daily _____
34. Number (or %) of children who receive some kind of extra support in the institution :
    Psychological support (number or %) _____
    Psychopedagogical (number or %) _____
    Phonoaudiological (number or %) _____
35. Number (or %) of children who need some kind of extra support but **this is not available** for them _____

SECTION H: MISSELANEOUS

36. Is there a keyworker system (i.e. named person responsible for the child)? YES / NO (circle answer)

If yes, state the way in which this system works (main tasks of key person) _____

_____

_____

37. Are members of staff encouraged to **get / not to get** emotionally involved with the children (circle answer)
38. Are attachment issues considered in planning the children's routine? YES / NO (circle answer)
    If yes, please state how _____

    _____
39. Has the staff any training in attachment theory YES / NO (circle answer)
    If yes, what percentage of staff has it? _____
    Please describe the kind of training _____

    _____

Before completing the following section please double-check that you have used percentage signs (%) where appropriate.

SECTION II: PERSONAL BELIEFS RELATED TO THE WORK WITH CHILDREN IN INSTITUTIONS

40. For the following statments please mark the degree to which they represent **your beliefs or opinions** about working with children in institutions. Remember there are no right or wrong answers, different people have different beliefs.

1= Strongly Agree
2= Agree
3= Not agree nor disagree
4= Disagree
5= Strongly Disagree

1. It's normal for a child of two years to cry or show discomfort when separated from their Carers.	1	2	3	4	5
2.It's not good for the children living in a children's home to get involved with his/her carers because afterwards they will have to leave and will suffer.					
3. It is better to change the carers often so that they don't get involved with the children.					
4. The carers should treat every child in exactly the same way without considering their differences.					
5. A child that has been separated from his/her family for his/her protection will remain with an attachment problem all his/her life.					
6. In the relationship with new carers, children can repair damage caused when they lived with their families					
7. No one can repair the damage made by a mother that did not care properly for her children.					
8.If the carers relate to each child as a unique and special someone, the child will feel worthy of being loved					
9. It is very important that the adults are aware of the signs of the child, especially in the first two years.					
10. Attachment is only build in the moment of birth					
11. A child with secure attachment will not be affected nor will he/she cry when separated from his/her mother or primary caregiver					
12. An adult who helps to emotionally contain the child and give him unconditional love is essential to repair the damage in maltreated children.					
13.A lack of secure attachment in childhood can be modified even in adult life with a relationship in which the person can experience unconditional love and acceptance.					
14. A child who was maltreated can be a very good parent when adult if he/she had at least one significant adult that treated him with love and acceptance.					
15. A child with an attachment disorder can act as if he/she didn't mind other people, as if they were only objects because they also have been treated as objects without acceptance or containment.					
16. Children with an insecure attachment always cry a lot.					
17. It is a good sign when we see a child living in a children's home, being very friendly to every person that arrives.					

Thank you for your time and effort in completing this questionnaire!

APPENDIX 2. Participant Information Sheet (Managers)

PARTICIPANT INFORMATION SHEET

UNIVERSITY OF BIRMINGHAM
School of Psychology

This study is being conducted by the School of Psychology at the **University of Birmingham, UK**. By Manuela García (PhD Researcher and Clinical Psychology) supervised by Catherine Hamilton-Giachritsis (S.L in for Psychology)

What is this study about?

This study is interested in describing the number and characteristics of children and young people living in institutions in Chile.

Who is eligible to take part?

The study is open to all institutions that are caring for children and young people aged 0-18 years.

Who cannot take part?

Institutions in which children spend only part of the day (nurseries, schools, etc), and institutions where **all** the children living in them have an intellectual disability.

What will you do and how long will it take?

Once you have signed the consent form, you will be asked to complete a questionnaire with some demographic details (e.g., age, number of children) and some characteristics of the children and the institution. This process is likely to take about 30 minutes.

After completing the questionnaire you are asked to return it via e mail to the researcher.

In a second stage of the research, if you agree to participate and the institution is selected for the sample. A visit to the institution will be done for observation during the normal activities of children in a date and time agreed with you. The carers will be invited to participate in a focus group if they agree.

Do I have to take part?

No, you do not have to take part. There will be no consequences for you if you choose not to complete the task. You can also stop the process at any time if you no longer wish to carry on.

How will it benefit me?

By participating in this study you are helping researchers to understand the present characteristics of children in institutions in Chile, this can have a positive impact on future public policies to improve the conditions of institutions and children.

What will happen to my data?

Your answers to the questionnaire will be processed by the research team. The information you give will only be available to the researchers, Dr Catherine Hamilton-Giachritsis (University of Birmingham, UK) and Ps. Manuela Garcia Quiroga. You don´t need to include your name or any personal data in the questionnaire. The name of the institution will not be included, there will only be a code number to identify them in case you choose to withdraw.

The questionnaires will be held anonymously stored in a locked cabinet at the University of Birmingham, UK for a period of 10 years (as required) and then destroyed. All reports of this work will talk about the participants as a group and no individual will be identified.

Further information

If you have any further questions, please ask the researcher before the start of the study. Alternatively, you can contact the researcher, Manuela Garcia Quiroga on [redacted] or Catherine Hamilton-Giachritsis.

Remember that you are free to stop answering the questionnaire or withdraw for the study at any time without giving reasons.

APENDIX 3. Participant consent form

PARTICIPANT CONSENT FORM

To be completed by volunteers. We would like you to read the following questions carefully.

Have you read the information sheet about this study?	YES/NO
Have you had an opportunity to ask questions if needed?	YES/NO
Have you received satisfactory answers to all your questions if done?	YES/NO
Have you received enough information about this study?	YES/NO

Which investigator have you spoken to about this study?

…… (Name and surname)

Do you understand that you are free to withdraw from this study?

- At any time YES/NO
- Without giving a reason for withdrawing YES/NO

Do you agree to take part in this study? YES/NO

Signed……...……**Date**……...

Name in block letters..……...……...

In case you have any enquiries regarding this study in the future, please contact:

Manuela Garcia Q.

Information that we collect will never be reported in a way that individuals or institutions can be identified. Information will be reported in aggregate and any verbal comments that you make, if written about in subsequent papers, will be presented anonymously.

APENDIX 4. Participant information sheet (Carers)

PARTICIPANT INFORMATION SHEET

UNIVERSITY OF BIRMINGHAM
School of Psychology

This study is being conducted by the School of Psychology at the **University of Birmingham, UK**. By Manuela García (PhD Resarcher and Clinical Psychologist) supervised by Catherine Hamilton-Giachritsis (Senior Lecturer in Forensic Psychology).

What is this study about?

This research is interested in observing the children 3 to 7 years old living in institutions or foster families and the relationship they establish with their carers. It includes information about the children, the carers and observation during daily activities.

Who is eligible to take part?

The study is open to a sample of children aged 3 to 7 years old living in institutions or foster carer in Chile, and to their carers.

Who cannot take part?

Carers that work in institutions in which children spend only part of the day (nurseries, schools, etc), and institutions were all the children living in them have a disability.

What will you do and how long will it take?

Once you have signed the consent form, you will be asked to answer the carers questionnaire during that, the researcher will do a play procedure with the child and after this, the researcher will make some short observation during daily activities that children do in the institution (i.e. feeding, playing). This process is likely to take about 1 hour.

Do I have to take part?

No, you do not have to take part. There will be no consequences for you if you choose not to complete the task. You can also stop the process at any time if you no longer wish to carry on.

How will it benefit me?

By participating in this study you are helping researchers to understand the present characteristics of children in institutions and foster care in Chile, and the importance of the relationship they establish with carers. This can have a positive impact on future public policies to improve the conditions of institutions, carers and children.

If you agree to participate, you will be compensated with the value of one hour of your work (according to the institutional fee) for your time. If you want to withdraw from the group conversation you will be compensated according the time you did participate. The children will also receive a little age appropriate compensation previously agreed with the manager of the institution.

What will happen to my data?

Your answers to the questionnaire will be processed by the research team. The information you give will only be available to the researchers, Dr Catherine Hamilton-Giachritsis (University of Birmingham, UK) and Ps. Manuela Garcia Quiroga. You don´t need to include your name or the name of the child. There will be no personal details recorded and all the data will be confidential. The name of the institution will not be included, nor will your name or personal details.

All the data will be held, stored in a locked cabinet at the University of Birmingham, UK for a period of 10 years (as required) and then destroyed. All reports of this work will talk about the participants as a group and no individual will be identified.

Further information

If you have any further questions, please ask the researcher before the start of the study. Alternatively, if you feel you need to talk about your experience or concerns after the experiment you can contact the researcher, Manuela Garcia Quiroga on [redacted] or Catherine Hamilton.Giachritsis.

Remember that you are free to leave the experiment at any time without giving reasons.

APPENDIX 5. Focus Group schedule

FOCUS GROUP QUESTIONS

- Let's talk about your experience as carers
- How have your relationships with the children been?
- What would you change if you could?"

Vignettes as prompts for the discussion:

"John is a 4 year old boy that has arrived today to a children's home, Mary is his carer and she thinks it would be better for him not to get emotionally involved with her as later he will have to leave"

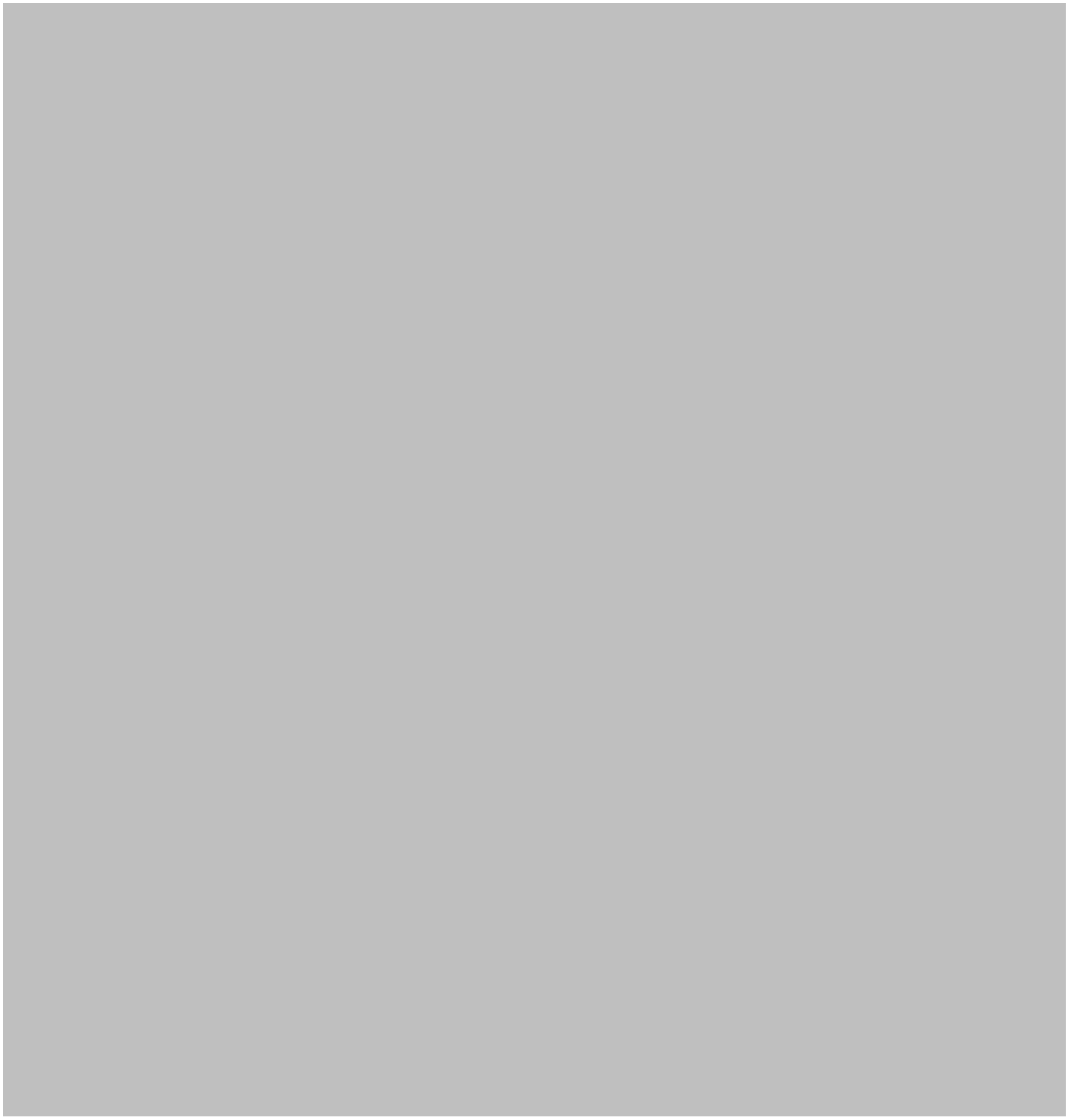
"Peter and Ann have been living in a children's home for several years. Today a new volunteer came to work for the first time, they didn't know him but when he first came in they went to greet him with big hugs and smiles. They are usually very friendly with every new adult they have just met"

"Susan is 2 years old and she has lived in the children's home since she was 1. Her carer says she is a very healthy and independent girl because Susan never cries or shows discomfort when she leaves the company of her carers"

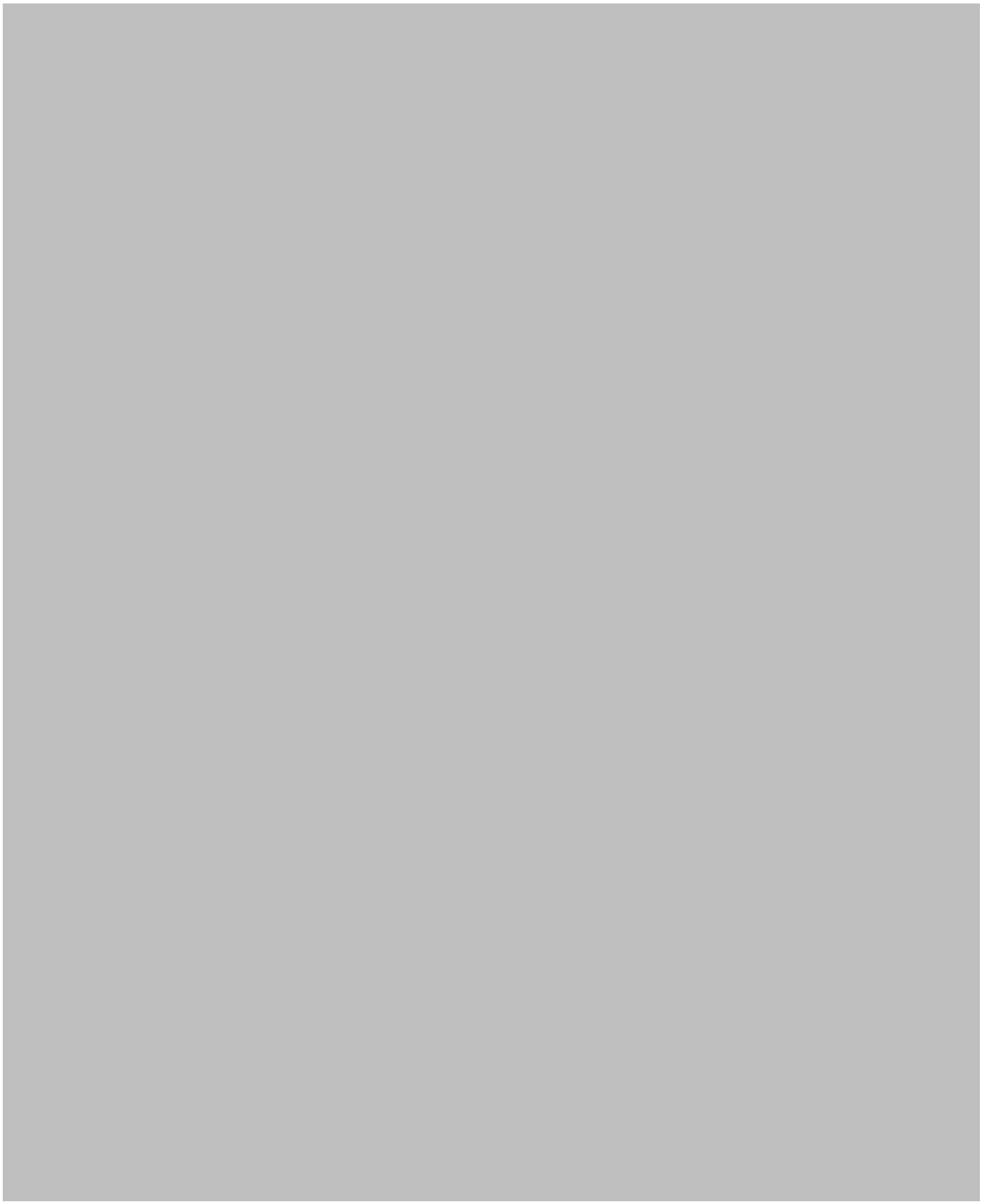
"Lucy has been working as a carer in a children's home for several years. She thinks it is better to often change the group of children she has in her charge so that she doesn't get so emotionally involved with the children and this prevents her from suffering when they leave"

APPENDIX 6. Indiscriminate Friendliness Interview (IF5)

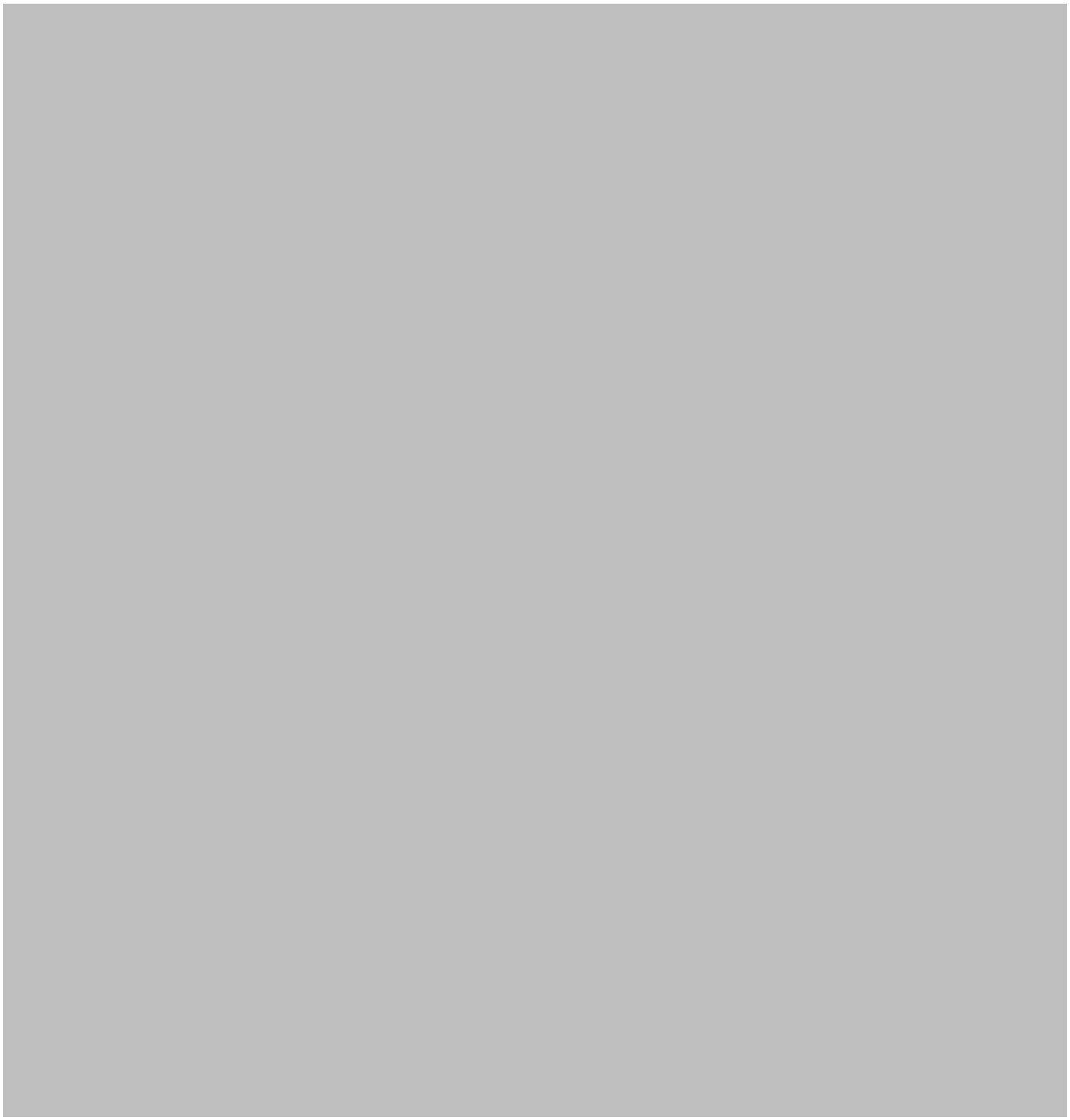
Indiscriminate friendliness Interview

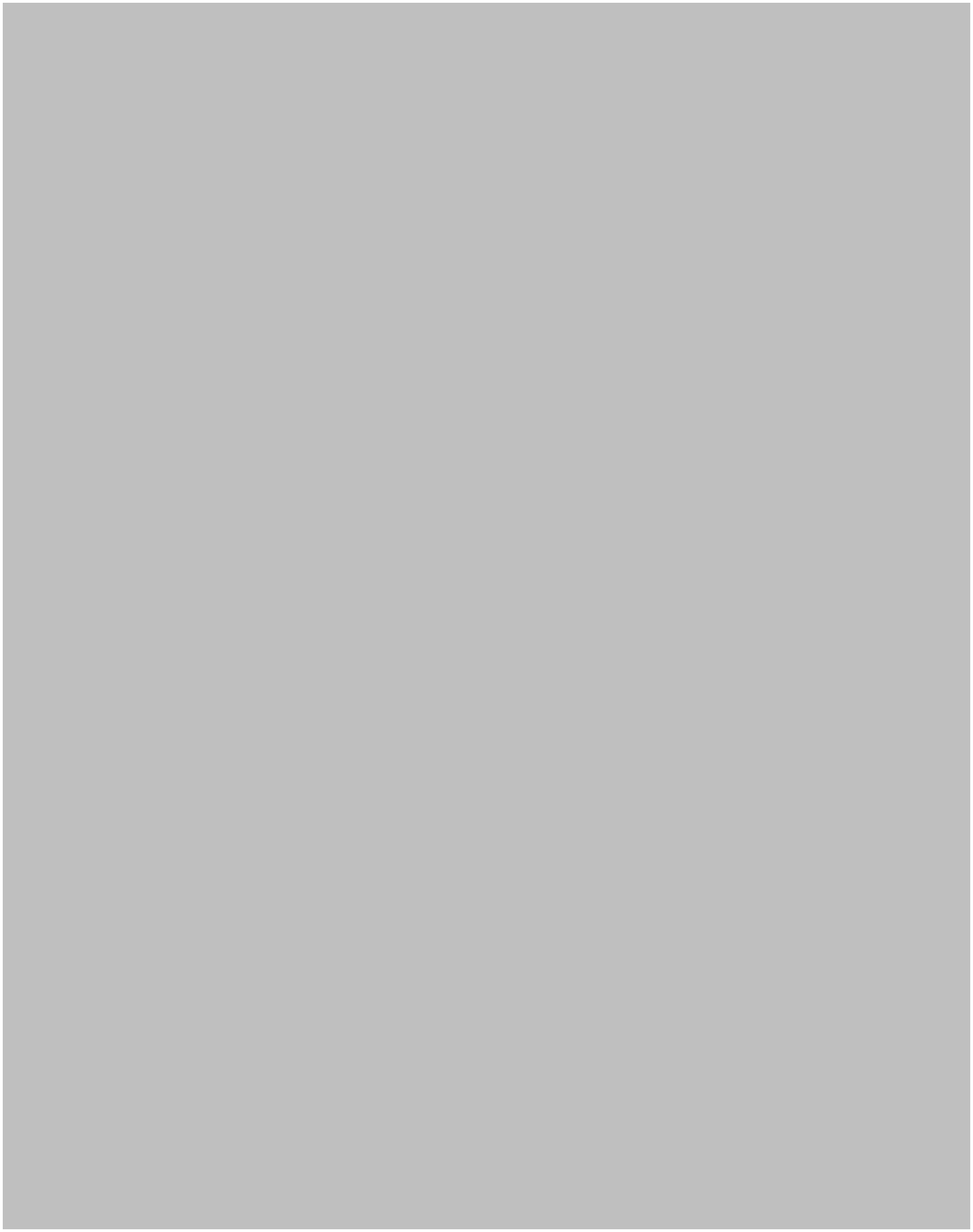


APPENDIX 7. Strengths and Difficulties Questionnaire (SDQ)

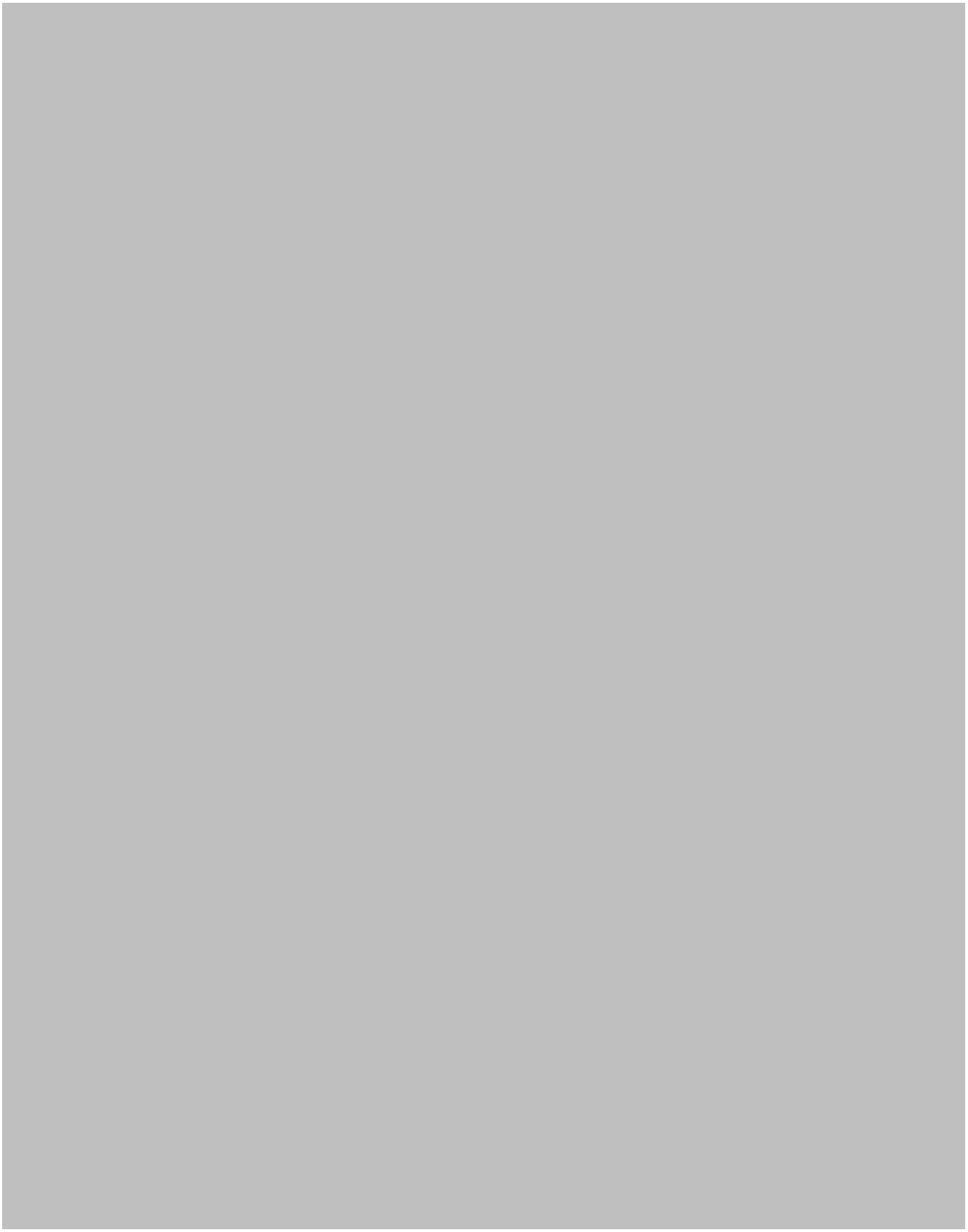


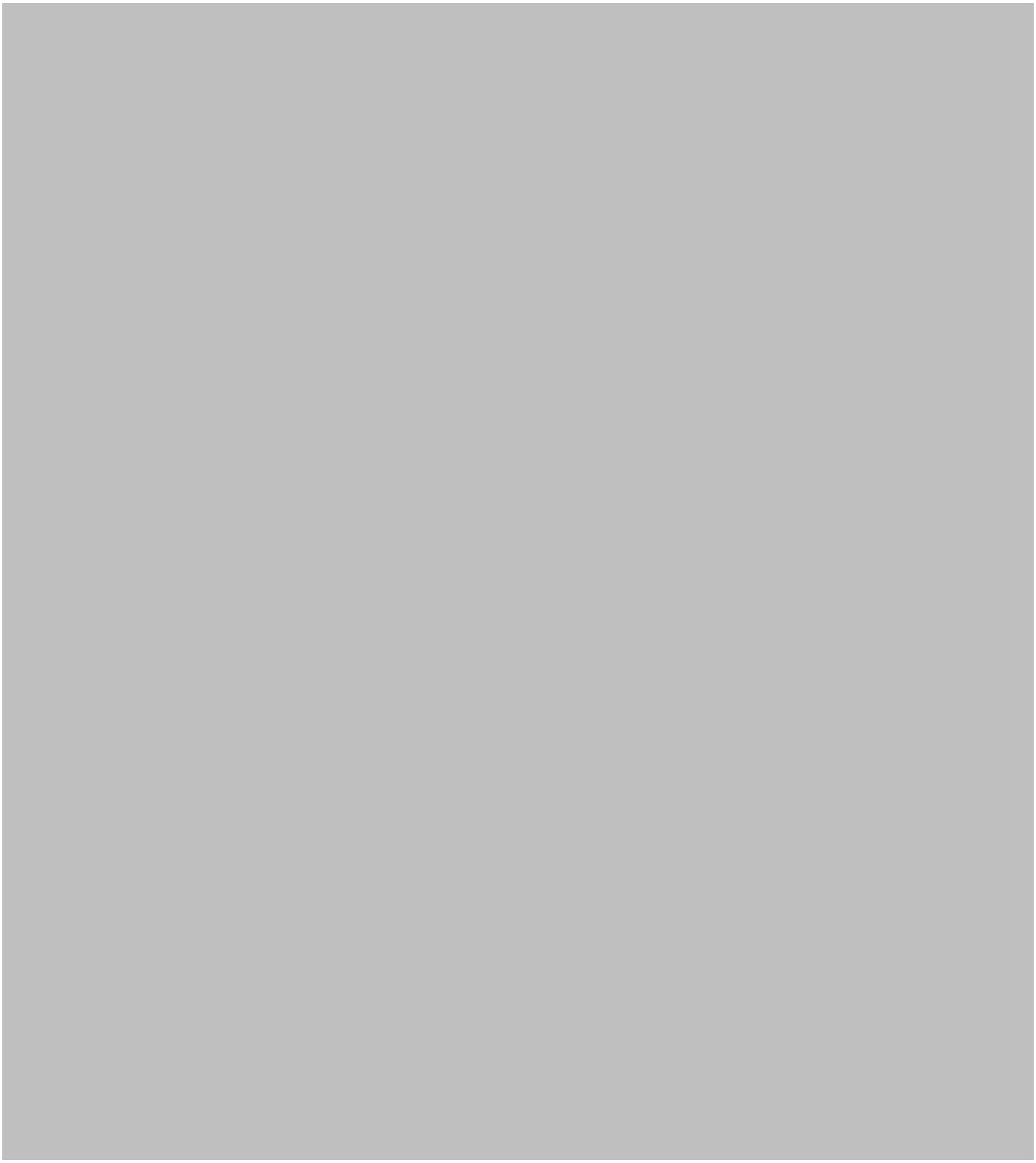
APPENDIX 8. Carers' Questionnaire



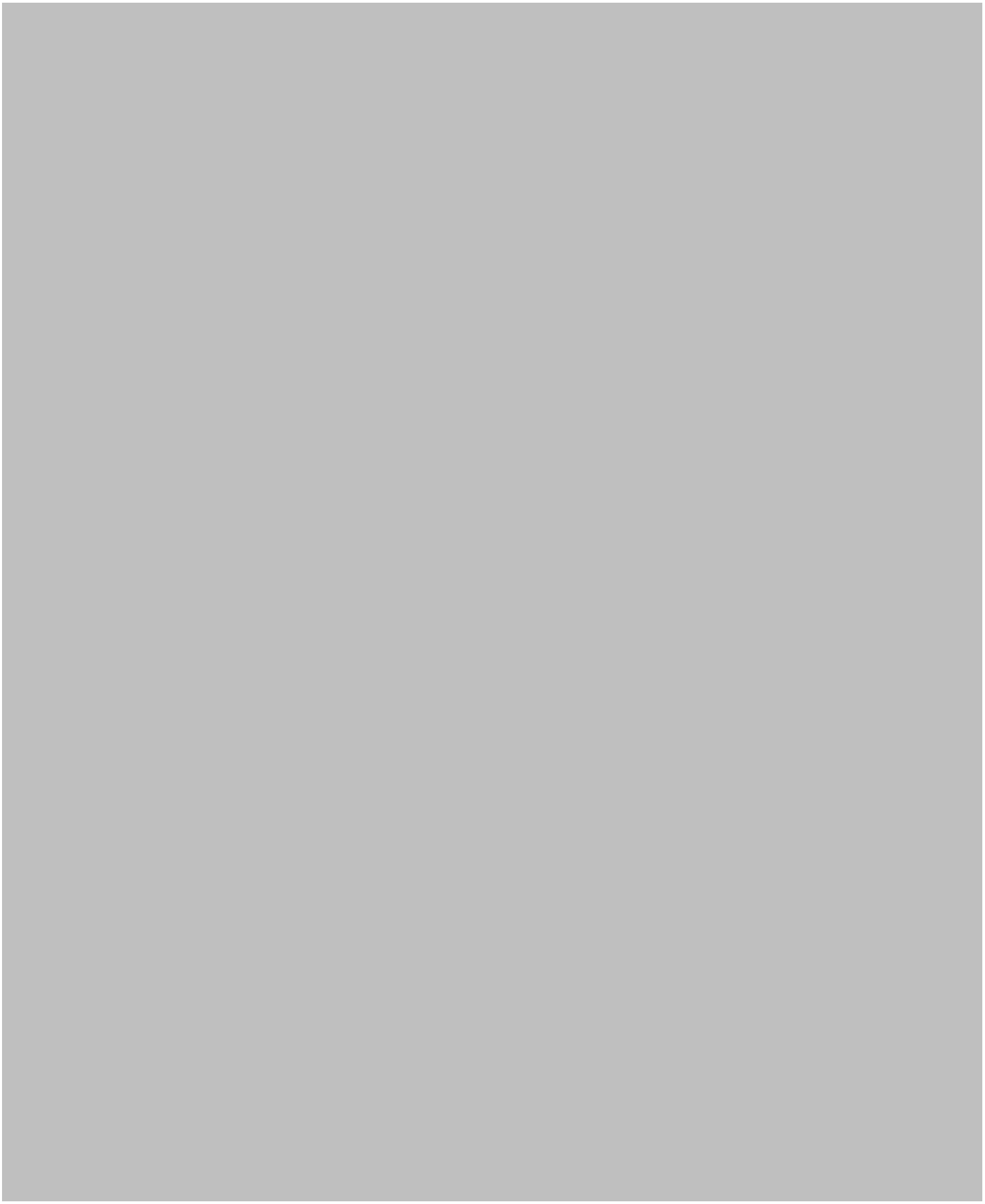


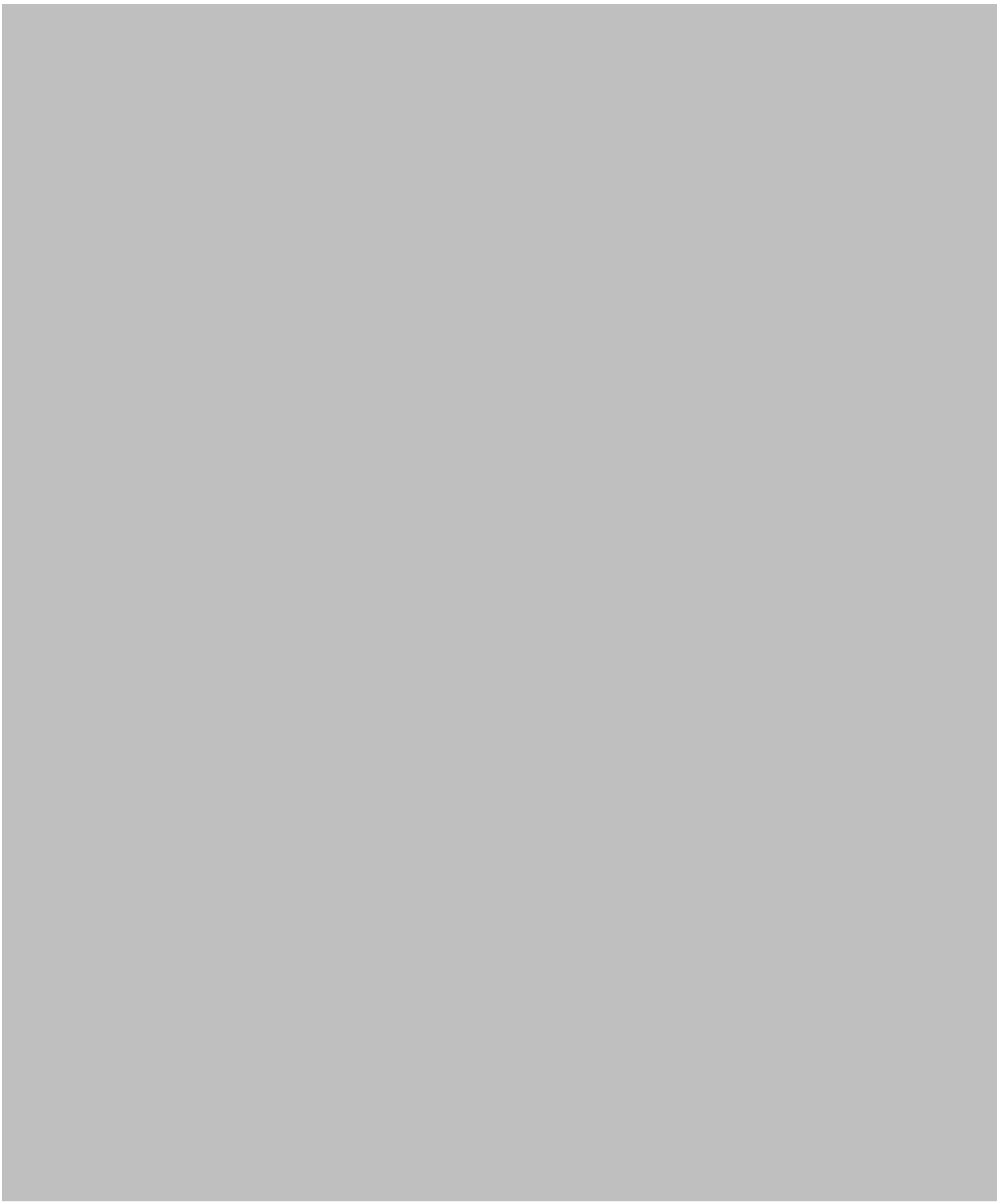
Revised Adult Attachment Scale (Collins, 1996)- Close Relationships Version





MOTIVATIONS INVENTORY





APPENDIX 9. Caregiver-Child Social-Emotional Relationship Rating Scale (CCSERRS)

References

Agathonos-Georgopoulou, H. (2005). Greece. In European Commission Daphne Programme, WHO Regional office for Europe & The University of Birmingham, *Mapping the number and characteristics of children under thee in institutions across Europe at risk of harm* (pp. 72-76). Birmingham, UK: University of Birmingham (Centre for Forensic and Family Psychology).

Ainsworth, M., Blehart, M., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation.* Hillsdale, NJ: Erlbaum.

Ainsworth, M. (1989). Attachment beyond infancy. *American Psychology*, 44, 709-716. DOI: 10.1037/0003-066X.44.4.709

Ainsworth (1990). Some considerations regarding theory and assessment relevant to attachments beyond infancy. In Greenberg, M, Cicchetti, D. & Cummings, E. (Eds.), *Attachment in preschool years* (pp. 463-488). Chicago: The University of Chicago Press.

Bakermans-Kranenburg, M. J., Steele, H., Zeanah, C. H., Muhamedrahimov, R. J., Vorria, P., Dobrova-Krol, N. A., Gunnar, M. R. (2011). Attachment and Emotional Development in Institutional Care: Characteristics and Catch-Up. *Monographs of the Society for Research in Child Development*, *76*(4), 62–91. DOI:10.1111/j.1540-834.2011.00628.x

Baldoni, F. (2010). Attachment, danger and role of the father in family life span. *Transylvanian Journal of Psychology*, 4, 375-402.

Barone, L., Dellagiulia, A., & Lionetti, F. (2015). Investigating proximal and distal variables involved in institutionalised children's adjustment. *Child Abuse Review.* Wiley Online Library. DOI: 10.10002/car.2365

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, 39, 350-373.

Bowlby, J. (1973) *Separation: Anxiety and Anger, Attachment & Loss* (vol.2). London: Basic Books.

Bowlby, J (1979). The making and breaking of affectional bonds. London: Tavistock Publications Ltd. Bowlby, J. *Attachment*. *Attachment and Loss* (vol. 1). New York: Basic Books. ISBN 0-465-00543-8

Bowlby, J. (1988) *A secure Base: Parent-Child Attachment and Healthy Human Development.* London: Routledge.

Bradley, R., Calwell, B., & Corwyn, R. (2003) The Child Care HOME Inventories: assessing the quality of family child care homes: *Early Childhood Research Quarterly,* 18, 294-309. DOI: 10.1016/S0885-2006(03)00041-3

Bretherton, I., Ridgeway, D., & Cassidy, J. (1990). Assessing internal working models of the attachment relationship. An attachment story completion task for 3-year-olds. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), Attachment in the preschool years: Theory, research and intervention. Chicago: University of Chicago Press.

Bretherton, I. & Munholland, K. (1999) Internal Working Models in Attachment Relationship: A Construct Revisited. In J.S. Cassidy, P, R. Shaver (Eds), *Handbook of Attachment "Theory, Research and Clinical Applications"* NW York London: The Gilford Press.

Browne, K., Hamilton-Giachritsis, C., Johnson, R., Agathonos, H., Anaut, M., Herczog, M., Keller-Hamela, M., Klimakova, A., Leth, I., Ostergren, M., Stan, V. and Zeytinoglu, S.,

(2005). *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm* University of Birmingham (Centre for Forensic and Family Psychology), Birmingham, UK. February. ISBN: 0-704-42502-5

Caldwell, B.M. & Bradley, R.H. (1984). *Home Observation for Measurement of the Environment*. Little Rock: University of Arkansas at Little Rock.

CCRI-Child Care Resources (2016) Licensing & Accreditation information. USA. Available online : www.childcareresourcesinc.org

Chisholm, K. (1998). A three year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages. *Child Development,* 69(4),1092-106. DOI: 10.1111/j.1467-8624

Chisholm, K., Carter, M., Ames, E., & Morison, S. (1995). Attachment security and indiscriminately friendly behavior in children adopted from Romanian orphanages *Development and Psychopathology,* 7(2), 283-29. DOI: 10.1017/S0954579400006507

Clark-Stewart, K. (1978). A daddy makes three: The father's impact on mother and child. *Child Development*, 49, 4666-478.

Cole, S. (2005). Foster Caregiver Motivation and Infant Attachment: How do reasons for fostering affect relationships?: *Child and Adolescent Social Work Journal,* 22 (5-6), 441–457. DOI: 10.1007/s10560-005-0021-x

Cole, S. (2005). Infants in foster care: relational and environmental factors affecting attachment: *Journal of Reproductive and Infant Psychology,* 23(1), 43-61. DOI: 10.1080/02646830512331330947

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models and relationship quality in dating couples: *Journal of Personality and Social Psychology*, 58(4), 644-663. DOI: 10.1037/0022-3514.58.4.644

Collins, N. L. (1996). Working models of attachment: Implications for explanation, emotion, and behavior. Journal of Personality and Social Psychology, 71, 810-832. doi:10.1037//0022-3514.71.4.810

De Wolff, M., & van IJzendoorn, M. (1997). Sensitivity and attachment: A meta-Analysis on Parental Antecedents of Infant Attachment. Child Development, 68 (4), 571-591. DOI: 10.1111/j.1467-8624.1997.tb04218.x

Dobrova-Krol, N., Bakermans-Kranenburg, M., van IJzendoorn, M., and Juffer, F. (2010) The importance of quality of care: effects of perinatal HIV infection and early institutional rearing on preschoolers' attachment and indiscriminate friendliness *Journal of Child Psychology and Psychiatry* 51 (12): 1368–1376. DOI: 10.1111/j.1469-7610.2010.02243.x

Dozier, M., Stovall, C., Albus, K., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind: *Child Development*, 72(5), 1467-1477. DOI: 10.1111/1467-8624.00360

Ellison, D., and Flegel, D. (2010) One Child, One Placement: The Elgin Model - Why Adoption in Ontario is Failing our Children *OACAS Journal*. 55 (1): 22-30.

EPPI (2003) A Systematic Review of the impact of school head teachers and principals on student outcomes Social Science Research Group, University of London. September.

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2008). G*Power Version 3.1.2 [computer software]. Uiversität Kiel, Germany. Retrieved from http://www.psycho.uni-duesseldorf.de/abteilungen/aap/gpower3/download-and-register

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2013). G*Power Version 3.1.7 [computer software]. Uiversität Kiel, Germany. Retrieved from http://www.psycho.uni-duesseldorf.de/abteilungen/aap/gpower3/download-and-register

Fernández, Ana María, & Dufey, Michele. (2015). Adaptation of Collins' revised adult attachment dimensional scale to the Chilean context: *Psicologia: Reflexão e Crítica*, *28*(2), 242-252. DOI:10.1590/1678-7153.201528204

Garcia Quiroga, M., & Hamilton-Giachritsis, C. (2014). In the name of the children: Public policies for children in out of home care in Chile. Historical review, present situation and future challenges. *Children and Youth Services Review*, 44, 422–430. doi:10.1016/j.childyouth.2014.07.009.

Garcia Quiroga, M. & Hamilton-Giachritsis, C. (2016a) Attachment Styles in Children Living in Alternative Care: A Systematic Review of the Literature *Child Youth Care Forum.* First online: 17 December 2015 pp 1-29. DOI 10.1007/s10566-015-9342-x

Garcia Quiroga, M. & Hamilton-Giachritsis, C. (2016b). "Getting Involved": A Thematic Analysis of Caregiver's Perspectives in Chilean residential Children's Homes**.** *Journal of Social and Personal Relationships* (early online view) 1-20. DOI: 10.1177/0265407516637838

Garcia Quiroga, M., Hamilton-Giachritsis, C., & Ibañez, M. (2017). Attachment Representations and Socio-emotional difficulties in Alternative Care: A comparison between Residential, Foster and Family Based Children in Chile. *Manuscript submitted for publication.*

Garcia Quiroga, M. & Hamilton-Giachritsis, C. (2017a). The Crucial Role of the Micro Caregiving Environment: Factors Associated with Attachment styles in Alternative Care in Chile *Manuscript submitted for publication*.

Garcia Quiroga, M. & Hamilton-Giachritsis, C. (2017b) Attachment Based Practices in Residential Care and the role of Managers' beliefs: a study with a sample of Children's Homes in Chile. *Manuscript submitted for publication.*

Garcia Quiroga, M., Hamilton-Giachritsis, C., & Ascorra, P. (2017) 'Transitional Mothers' or 'Keepers'?: Diverse Caregivers' Perspectives in Chilean Non-Kinship Foster Care. *Manuscript submitted for publication.*

Gillis-Arnold, R., Jasper, S., Stockdale, D., & Shelley, M. (1998) Parenting attitudes, foster parenting attitudes and motivations of adoptive and nonadoptive foster parent trainees. *Children and Youth Services Review*, 20 (8), 715-732.

Goemans, A., van Geel, M., & Vedder, P. (2015) Over three decades of longitudinal research on the development of foster children: A meta-analysis *Child Abuse & Neglect*, 42, 121-134

Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire (SDQ). *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1337-1345. DOI: 10.1097/00004583-200111000-00015

Goodman, R., Ford, T., Corbin, T., & Meltzer, H. (2004). Using the Strengths and Difficulties Questionnaire (SDQ) multi-informant algorithm to screen looked-after children for psychiatric disorders. *European Child and Adolescent Psychiatry*, 13(Suppl 2), II25-31. DOI: 10.1007/s00787-004-2005-3

Graham, G., & Fulcher, L. (2016): Can the best interests of young people be met in residential care? An Ireland case study, *Child & Youth Services*, (online view). DOI: 10.1080/0145935X.2016.1267560

Groark, C, & Mc Call, R. (2011). Implementing changes in institutions to improve young children's development: *Infant Mental Health Journal*, 32 (5), 509-525 DOI: 10.1002/inhj20310

Grupe, D., & Nitschke, J. (2013) Uncertainty and anticipation in anxiety: an integrated neurobiological and psychological perspective *Nature Reviews Neuroscience* 14, 488–501. doi:10.1038/nrn3524

Herreros, F. (2009). Attachment security of infants living in a Chilean Orphanage. *Poster presented at the Biennial meeting of the Society for Research in Child Development*. Denver, Co.

Hicks, L. (2008) The Role of Managers in Children's Homes: the process of managing and leading a well-functioning staff team *Child and Family Social Work* 13: 241-251 DOI: 10.1111/j.1365-2206.2008.00544.x

Howes, C. & Segal, J. (1993). Children's relationship with alternative caregivers: The special case of maltreated children removed from their homes: *Journal of Applied Developmental Psychology*, 14 (1), 71-81. DOI: 10.1016/0193-3973(93)90024-P

Jimenez, J. & Zavala, M. (2011), Estress Parental y Apoyo Social en Familias Acogedoras Chilenas y Españolas. *Infancia y Aprendizaje*. 34 (4): 495-506.

Kandall & Sinkkonen (2001). Finnish children in foster care: Evaluating the breakdown of long-term placements. *Child Welfare*, 80, 513-527

Krauss, J. (1973) Predicting success of foster placements for school-age children *Social Work*, 16, 63-71.

Lawler, M., Shaver, P., & Goodman, G. (2011). Toward relationship-based child welfare services *Children and Youth Services Review, 33,* 473-480 DOI: 10.1016/j.chidyouth.2010.06.018

Lecannelier, F., Silva, J. R., Hoffmann, M., Melo, R., & Morales, R. (2014). Effects of an intervention to promote socio-emotional development in terms of attachment security: a study in early institutionalization in Chile. *Infant Mental Health Journal*, 35, 151–159. DOI: 10.1002/imhj.21436

Leth, I. (2005). Denmark. In European Commission Daphne Programme, WHO Regional office for Europe & The University of Birmingham, *Mapping the number and characteristics of children under thee in institutions across Europe at risk of harm* (pp. 72-76). Birmingham, UK: University of Birmingham (Centre for Forensic and Family Psychology).

Lionetti, F., Pastore, M., & Barone, L. (2015). Attachment in institutionalized children: A review and meta-analysis. *Child Abuse & Neglect*, 42, 135-145. DOI 10.1016/j.chabu.2015.02.013

Main, M, & Hesse, E. (1990) Parents unresolved traumatic experiences are related to infant disorganised attachment status: Is frightened and/or frightening parental behaviour the linking mechanism? In Greenberg, M, Cicchetti, D. & Cummings, E. (Eds.), *Attachment in preschool years* (pp. 161-182). Chicago: The University of Chicago Press

Main, M., & Solomon, J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern. In M. Yogman & T. B. Brazelton (Eds.), Affective development in infancy (pp. 95–124). Norwood, NJ: Ablex.

Marvin, R. & Greenberg, M. (1982) Pre-schooler's changing conception of their mothers: a social-cognitive study of mother-child attachment. In Forbes, D. & Greenberg, M.

(Eds), *New directions in child development: children´s planning strategies* (vol 18). San Farncisco: Jossey-Bass.

Marvin & Steward (1990) A family system framework for the study of attachment. In Greenberg, M, Cicchetti, D. & Cummings, E. (Eds.), *Attachment in preschool years* (pp. 51-86). Chicago: The University of Chicago Press.

Martínez, V. (2010) *Análisis Evaluativo del Programa de Familia de Acogida Especializada de SENAME.* SENAME.

McCall, R. B., Groark, C. J., & Fish, L. (2010). A Caregiver-Child Social/Emotional and Relationship Rating Scale (CCSERRS): *Infant Mental Health Journal*, *31*(2), 201–219. http://doi.org/10.1002/imhj.20252

Mc Call, R., Groak, C., Fish, L., Harkins, D., Serrano, G., & Gordon, K. (2010). A Socio emotional Intervention in a Latin American Orphanage: *Infant Mental Health Journal*, 31 (5), 521-542. DOI: 10.1002/imhj.20270

Mc Call, R.B.; J. Groark, C.J. ; Fish, L. Muhamedrahimov, R.J. ; Palmov, O.I. & Nikiforova, N. V. (2013) Maintaining a Social-Emotional Intervention and Its Benefits for Institutionalized Children *Child Development*, 84 (5) 1734–1749. DOI: 10.1111/cdev.12098

McLaughlin, K., Zeanah, C., Fox, N., & Nelson, C. (2012). Attachment security as a mechanism linking foster care placement to improved mental health outcomes in previously institutionalized children: *Journal of Child Psychology and Psychiatry*, 53(1), 46-55. DOI: 10.1111/j.1469-7610.2011.02437.x

Mikulincer, M., Shaver, P., & Perey, D. (2003) Attachment theory and affect regulation: the dynamics, development and cognitive consequences of attachment related strategies. *Motivation and Emotion* (27) 77-102. DOI: 10.1023/A:1024515519160

Miljkovitch, R., Pierrehumbert, B., Karmaniola, A., & Halfon, O. (2003). Les representations d'attachement du jeune enfant. Développement d'un codage pour les histoires à compléter. *Devenir*, 15, 143-177.

Miljkovitch, R., Pierrehumbert, B., Bretherton, I., & Halfon, O. (2004) Associations between parental and child attachment representations. *Attachment & Human Development*, 6:3, 305-325. DOI: 10.1080/14616730412331281557

Ministry of Justice (2005). Law 20,032 Establishes the system for the Childhood and Adolescence Services. Library of the National Congress, Chile.

Muris P, & Maas, A. (2004). Strengths and difficulties as correlates of attachment style in institutionalized and non-institutionalized children with below-average intellectual abilities. *Child Psychiatry and Human Development*, 34, 317-328. DOI: 10.1023/B:CHUD.0000020682.55697.4f

O'Connor, T., Rutter, M., & The English and Romanian Adoptee Study Team (2000) Attachment disorder behaviour following early severe deprivation: extension and longitudinal follow-up. *Journal of American Academy of Child and Adolescence Psychiatry* 39:703-712. DOI: 10.1097/00004583-200006000-00008

Oosterman, M. (2007) *Attachment to foster parents* Institute for the study of education and human development, Department of clinical and family studies, VU University Amsterdam ISBN: 978 90 8659 075 9.

Palfrey C.F. *(*1973*)* Headteachers' Expectations and Their Pupils' Self concepts. *Educational Research* 15, 123–127. DOI:10.1080/0013188730150207

Palmieri, P.A., & Smith, G.C. (2007). Examining the structural validity of the Strengths and Difficulties Questionnaire (SDQ) in a U.S. sample of custodial

grandmothers. *Psychological Assessment,* 19, 189-98. DOI: 10.1037/1040-3590.19.2.189

Pardeck, J. T. (1984) Multiple placement of children in foster family care: An empirical analysis: *Social Work,* 29, 506-509.

Poder Judicial- Corporacion Administrativa (2013) Informe estadistico de los niños/as privados de cuidado parental en Chile. Available at http://ciperchile.cl/pdfs/08-2013/sename/INFORME_PRESENTACION.pdf

Ponciano, L. (2010). Attachment in Foster Care: The Role of Maternal Sensitivity, Adoption, and Foster Mother Experience: *Child and Adolescence Social Work Journal*, 27, 97–114. DOI: 10.1007/s10560-010-0192-y.

Rivera, Antivillo and Capella, (2013) Análisis psicométrico del cuestionario de capacidades y dificultades (SDQ) administrado en profesores de niños y niñas escolares de la provincia de Santiago de Chile (Tesis para optar al título de Psicólogo). *Escuela de Psicología. Universidad de Chile*.

Robinson, V. ;Lloyd, C. ; Rowe, K. (2008) The Impact of Leadership on Student Outcomes: An Analysis of the Differential Effects of Leadership Types *Educational Administration Quarterly* 44 (5) : 635-674. DOI 10.1177/0013161X08321509

Rodríguez, N. (2000) Gestión Escolar y Calidad de la Enseñanza *Educere, Investigación*, 4 (10) 39-46.

Rock, S., Michelson, D., Thomson, S., and Day, D. (2015) Understanding Foster Placement Instability for Looked After Children: A Systematic Review and Narrative Synthesis of Quantitative and Qualitative Evidence. *British Journal of Social Work* 2015; 45 (1): 177-203. doi: 10.1093/bjsw/bct084.

Rutter, M. (2006) The Psychological Effects of Early Institutional Rearing. In: Fox, N. (Ed), *The Development of Social Engagement: Neurobiological Perspectives* (pp. 355-386). Oxford: University Press.

Santelices, MP & Pérez, F (2013) Evolución del vínculo que establece el niño con el personal educativo en salas cunas chilenas. *Universitas Psychologica*, 12 (3): 821:832.

Senado de Chile (2016) Reunión comisión especial sobre infancia. Available at : http://www.senado.cl/comision-especial-sobre-infancia-analizo-situacion-del-sename-e-informe-sobre-ninos-fallecidos/prontus_senado/2016-10-04/104036.html

Sinclair, I. (2005) *Fostering now Messages from research*. London and Philadelphia: Jessica Kingsley Publishers ISBN 9781846421372

SENAME (2007) Bases Técnicas para Residencias. Departamento Proteccion de derechos.

SENAME (2011) *Observatorio Nacional Programa de Familias de Acogida*. DEPRODE. Diciembre.

Smyke, A.T., Dumitrescu, A.B., & Zeanah, C.H. (2002). Attachment disturbances in young children. I: The continuum of caretaking casualty. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41, 972-982

Smyke, A., Zeanah, C., Fox, N., Nelson, C. & Guthrie, D. (2010). Placement in foster care enhances the quality of attachment among young institutionalized children: *Child Development*, 81 (1), 2012-223. DOI: 10.1111/j.1467-8624.2009.01390.x

Sparling, J., Dragomir, C., Ramey, S.L., & Florescu, L. (2005). An educational intervention improves developmental progress of young children in a Romanian orphanage. *Infant Mental Health Journal*, 26 (2), 127-142.

Stone, N.M., & Stone S. F. (1983) The prediction of successful foster placement. *Social Casework*, 64, 11-17.

St. Petersburg USA Orphanage Research Team (2008).The effects of early social emotional and relationship experience on the development of young orphanage children *Monographs of the Society for Research in Child Development,*73,Serial No.291(3).

Thomson, H., & McPherson, S. (2011) The experience of living with a foster sibling, as described by the birth children of foster carers A thematic analysis of the literature: *Adoption & Fostering,* 35 (2), 49-60

Touliatos, J., Perlmutter, B. & Strauss, M. (2001) Handbook of family Measurement techniques. Sage.

Universitat Autonoma de Barcelona (2011) Unitat d' Epidemiologia i de Diagnostic Spanish norms for SDQ3-4 for 3 and 4-year-old schoolchildren Available at www.ued.uab.cat

Van Ijzendoorn, M., Goldberg, S., Kroonenberg, P., & Frenkel, O. (1992) The relative effects of maternal and child problems on the quality of attachment: a meta-analysis of attachment in clinical samples, *Child Development*, 63: 840-858.

Van IJzendoorn, M., Sagi, A., & Lambermon, M. (1992) The Multiple caretaker Paradox: Data from Holland and Israel *New Directions in Child development*, 57 (Fall): 5-24.

Vorria, P., Papaligoura, Z., Dunn, J., van IJzendoorn, M., Steele, H., Kontopuolou, A., & Sarafidou, Y. (2003). Early experiences and attachment relationships of Greek infants raised in residential group care: *Journal of Child Psychology and Psychiatry*, 44(8), 1208-1220. DOI: 10.1111/1469-7610.00202

Ward, A. (2014) *Leadership in residential child care: A relationship-based approach*. Norwich, UK: Smokehouse Press. ISBN 9788957633537

Walsh, J.A., & Walsh, R. A. (1990) Studies of the maintenance of subsidized foster placements in the Casey family program. Child Welfare, 69, 99-114

Yates, A., Lekies, K., Stockdale, D., & Crase, S. (1997) Motivations for foster parenting inventory. Ames, IA: Iowa State University Research Foundation.

Zavala, M., & Jiménez, J. (2015) Acogimiento Familiar en Chile: Análisis de los perfiles familiares y del ajuste de niños y niñas. Tesis Doctoral presentada en la Facultad de Psicología. Universidad de Sevilla. (Dissertation)

Zeanah, C, Smyke, A., & Dumitresku, A. (2002) Attachment Disturbances in Young Children. II: Indiscriminate Behavior and Institutional Care. Journal of the America Academy of Child and Adolescent Psychiatry (41): 8 983-989. DOI:10.1097/00004583-200208000-00017

Zeanah, C., Smyke, A., Koga, S. & Carlson, E. (2005). Attachment in institutionalized and community children in Romania: *Child Development,* 76 (5), 1015-1028. DOI: 10.1111/j.1467-8624.2005.00894.x

Zevalkink, J., Riksen-walravenn, M., and Bradley, R. (2008). The Quality of Children's Home Environment and Attachment Security in Indonesia: *The Journal of Genetic Psychology,* 169 (1), 72-91. DOI: 10.3200/GNTP.169.1.72-91