



Japanese residential care quality and perceived competency in institutionalized adolescents: A preliminary assessment of the dimensionality of care provision

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ABSTRACT

Although early institutionalization has been shown to have broad, detrimental effects on child developmental outcomes, there have been few attempts to systematically measure which aspects of the institution and caregiving environment associate with negative psychological outcomes. The current study uses a culturally and contextually modified early adolescent version of the Home Observation for Measurement of the Environment Inventory (EA-HOME-JP) in Japanese child welfare institutions (CWIs) to provide preliminary data on relevant variables in the caregiving environment that associate with domains of perceived self-competency. Forty-six children and young people ($Age_{mean} = 13$ years 9 months) and their 35 primary caregivers from 11 CWIs were interviewed using EA-HOME-JP. Children and young people also self-reported on their perceived cognitive, physical, social competencies, and sense of self-worth. Participants within the same residential environments exhibited marked variation across each EA-HOME-JP subscale suggesting that the same rearing environment can be experienced differently by different individuals. Interestingly, EA-HOME-JP scores did not vary with care type (large-ward, middle-ward, and family-like). Instead, CWIs grouped within the same care type showed significant variation to one another on EA-HOME-JP subscales. Importantly, EA-HOME-JP scores, rather than care type, associated with aspects of competency (cognitive competency and sense of self-worth). As these findings are based on a small number of participants, they will require further replication in larger samples ascertained from other regions in Japan. Ultimately, these data may contribute to considerations over optimal packages of residential rearing in Japan.

1. Introduction

The long-lasting adverse effects of early institutionalization, as an extreme form of deprivation, on children's developmental outcomes have been established by many studies (Skeels, 1966; Sonuga-Barke et al., 2017; Vorria, Rutter, Pickles, Wolkind, & Hobsbaum, 1998; Zeanah, Smyke, Koga, & Carlson, 2005). However, more recent investigations have found that when comparing contemporary group residential care with other alternative out-of-home care packages such as foster care within high risk communities, these are not necessarily associated with worse outcomes (see Lee, Bright, Svoboda, Fakanmoju, & Barth (2011) for a systematic review). This discrepancy with prior findings has been attributed to differences within care packages (i.e.

within institutions), as well as differences between them (i.e. between institutions and foster care) (Lyons, Terry, Martinovich, Peterson, & Bouska, 2001). It has also been suggested that institutional care can be as effective as non-institutional care if they meet children's risks and needs (De Swart et al., 2012). Yet, there is still little known about which specific aspects of the institutional rearing environment are most detrimental (McCall & Groark, 2015a,b; van IJzendoorn et al., 2011; Woodhouse, Miah, & Rutter, 2018), and whether some aspects can actually protect against negative psychological outcomes (van IJzendoorn et al., 2011). Addressing these questions may have crucial implications for policies amongst countries that are still heavily reliant on residential care. The current study aims to develop a modified early adolescent version of the Home Observation for Measurement of the

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Environment (HOME) Inventory (Bradley, Caldwell, & Corwyn, 2003) in Japanese child welfare institutions (CWI), and provides preliminary data on whether the HOME Inventory is capable of picking up meaningful variance that explains adolescents' psychological outcomes.

Arguments that the detrimental effect of early institutionalization on children's developmental outcomes may not be simply due to the process of institutionalization, but rather the poor quality of care associated with residential care environments are not new (Tizard, Tizard, Joseph, & Cooperman, 1972). However, there is still a striking lack of systematic measures of different caregiving dimensions within the institutional environment (Woodhouse et al., 2018). Instead, most studies rely on "first or second hand narrative impressions and perceptions" as a global and rather crude measure of residential caregiving (van IJzendoorn et al., 2011, p.9). One possible reason for this gap is that care provision is multidimensional. As "hard" tangible measures such as physical space, structure and/or type of building (e.g. family house, dormitory building), and caring capacity (e.g. number of children per ward/house, child-caregiver ratio) are more visible, these have often been used to evaluate the quality of residential care. Furthermore, in Japan, variations on these "hard" measures are often used to differentiate between different official categories of care. Specifically, in Japan the 5 types of residential care for children removed from their biological parents due to various adversities are distinguished largely on the basis of these "hard" characteristics. Thus traditional CWIs with large-wards accommodate 20 or more children per ward, with a 5.5:1 child-caregiver ratio, and children are grouped by age and gender. Group homes on the other hand, host no more than 6 children per home with a 3:1 child-caregiver ratio; children are still grouped by gender, but not age. In contrast, variations on less tangible, "soft" measures, such as the quality and nature of child-caregiver interactions (Vorria et al., 2003) and relationship (Mota & Matos, 2015), children's actual usage of resources regardless of provision, and even caregiver's own attachment representation (Mota & Matos, 2016), have been overlooked in care quality assessments and therefore categorization of different types of care. These "soft" qualities may often be "unobservable" (McCall & Groark, 2015a, 2015b), more difficult to define and measure, and also easily biased when using self-report methods. It is therefore unknown whether different care-types vary on 'soft' dimensions of caregiving, and how these 'soft' dimensions associate with variance on psychological outcomes during development.

A handful of studies either systematically measuring different aspects of care provision quality in association with positive outcomes in alternative care settings, or by promoting one or more aspect of caregiving quality in intervention studies of out-of-home care packages have been informative in explaining developmental outcomes (Crockenberg et al., 2008; Groark, McCall, Fish, & Team, 2011; Groark, McCall, McCarthy, Eichner, & Gee, 2013; Johnson et al., 2010; Smyke et al., 2007; Vorria et al., 2003). Detailed assessment into dimensions of the caregiving context in Romanian orphanages found that caregiver's sensitivity, positive regard for the child, and attachment significantly associated with institutionalized infants' physical growth (Smyke et al., 2007). Similar results were also found through a randomized controlled trial in St. Petersburg baby homes, where promoting caregivers' positive socioemotional engagement with infants and their responsiveness to child-directed behavior was associated with better outcomes in infants' physical development (Crockenberg et al., 2008). Although these results were not replicated in a study based on Central American CWIs (Groark et al., 2013), the use of an in-depth dimensional measure of the rearing environment has nonetheless provided insights into the quality of these Central American CWIs in comparison with equivalent CWIs in Greece (Vorria et al., 2003). Other studies have focused on children's perceived group climate, defined as the quality of the social and physical environment provision that is sufficient and necessary for physical and mental well-being (e.g., perceived support from staff) (Strijbosch, Van der Helm, Stams, & Wissink, 2016; Ten Brummelaar et al., 2017). Results showed that positively perceived group climate was associated

with positive outcomes of the children such as better coping, more empathy, and less aggression (Heynen, van der Helm, Cima, Stams, & Korebrits, 2017; van der Helm, Klapwijk, Stams, & van der Laan, 2009). However, it is possible that children with children with better psychological and social adaptation rating this group climate more positively, confounding this association.

Despite these initial promising data, there is nonetheless inconsistency over which "soft" caregiving dimensions associate with better developmental outcomes, suggesting the need for further replications across CWIs. Also, a major limitation of existing studies is the focus on early developmental outcomes. Hence, evidence gathered so far has placed great emphasis on physical and cognitive outcomes of early infant development, while other psychological outcomes have been overlooked, particularly those aspects of social and emotional development that emerge during later childhood and adolescence. Moreover, because for early development in infancy, attachment plays an essential role, past research has focused mainly on the sensitivity and warmth of caregiving. This has been at the expense of other aspects of caregiver interactions such as how caregivers act as role models in daily interactions, how they help to facilitate and regulate activities in daily life, and how children's self-sufficiency is fostered to prepare them to become successful care leavers and competent individuals for the society, which can become increasingly important with development, particularly during adolescence. This gap in the literature is particularly relevant considering that for most countries, the age of children currently in care and the age of children first entering care have shifted away from primarily infancy, and spread out to all ages groups (Browne, 2009; Japan Ministry of Health, Law and Welfare, 2016; Vorria et al., 2003; Zhang, Fukui, & Mori, 2016). There is therefore a lack of objective tools to assess which caregiving dimensions beyond "hard" measures are important for promoting positive social and emotional outcomes in early youth. What is needed is an assessment procedure that is possible to yield comparable data across CWIs and even other out-of-home care packages across countries and different cultural contexts to focus research efforts and policy considerations. Such assessments needs to be (1) systematic in capturing distinct dimensions of "soft" measures of rearing environments beyond "hard" measures; (2) appropriate for older children and adolescents; and (3) can link these to developmental outcomes beyond physical and cognitive, but also social-emotional functioning. One such instrument is the Home Observation for Measurement of the Environment (HOME) Inventory (Bradley & Caldwell, 1984a), which was also used in St. Petersburg-USA Orphanage Research project.

The HOME inventory has been used widely across countries and various settings, to assess the quantity and quality of stimulation and support to the child in his/her everyday care environment. Moreover, each version of the HOME inventory is designed to describe the home environment in terms of how it is experienced by a child at a particular developmental stage. For example the Early Adolescent version (EA-HOME; Bradley et al., 2000) is designed to measure the quantity and quality of stimulation, support, and structure provided to adolescents in the home environment. The administration procedure is highly standardized; and carried out by trained interviewers through semi-structured interviews with both the parent and child present in their home. All versions of the HOME inventory have been well-validated, with the total, as well as the sub-scale scores being linked with IQ and cognitive competency (Bradley & Caldwell, 1980), academic achievement (Bradley & Caldwell, 1984b), behavioral well-being (Bradley et al., 2001), and attachment security (Zevalkink, Riksen-Walraven, & Bradley, 2008) across ethnic and cultural groups. Moreover, there are domain-specific associations with each subscale adding to their validity. For example, using the EA-HOME, Learning Material subscale has been found to correlate highly with academic achievement and self-efficacy relating to school achievements, and parental modelling significantly correlated with self-efficacy over family relationships (Bradley et al., 2000).

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