The Effects of Care Types and Temperament on Children Under the Care of Social Services in Turkey in Terms of Social Competency

Aybegum Memisoglu, Zeynep Ertekin, Sibel Kazak Berument

Middle East Technical University
Department of Psychology
Ankara, Turkey
OUTLINE

- Introduction: Literature Review
- Methods: Participants, Instruments
- Results of the Analysis
- Discussion
More than 13 million of children only in Africa, Asia, Latin America and the Caribbean (UNICEF, 2004)

Children in alternative care options > 2.000.000 (UNICEF, 2009).

Turkey 54.021 children (ÇHGM, 2014).

Delays in physical, neurobiological, cognitive and social-emotional development (van Ijzendoorn et al., 2011; Martins et al., 2013).
Socio-emotional Development: Social Competence

Family based environment ---catch up with their peers (Bakermans-Kranenburg et al., 2011; van IJzendoorn, Juffer, & Poelhuis, 2005; Kreppner, Rutter, Marvin, O’Connor, & Sonuga-Barke, 2011).
Care Types in Turkey

- Institution
- Care Villages
- Group Homes
- Foster Care
While various types of care appears to have different effects on child development, child specific characteristics like temperament can moderate these effects:

**DIFFERENTIAL SUSCEPTIBILITY**

Individuals may show different reactions even for the identical circumstances and environmental conditions (Belsky, 1997).

- Gene
- Temperament
• As the evidence suggest, child temperament plays an important role and underlies variations in their later behavioral outcomes (Belsky & Pluess, 2011).

• If **reactivity** is high → more susceptible to the environmental changes than their less reactive peers.
• Perceptual sensitivity

high sensitivity during infancy → increased levels of emotional and behavioral diff. if they lacked qualitative parenting experience (Scott & O’Connor, 2012).

perceptual sensitivity significantly moderates child outcomes such as self development (Ertekin, 2014), emotion understanding of institutionalized children (Taşfiliz, 2014).
AIM OF THE CURRENT STUDY

First aim:

Compare children’s social competence who are under the protection of government according to their care types.

Second aim:

Investigate the moderating role of temperamental characteristics of children in different care types for their social competence from a differential susceptibility perspective.
HYPOTHESES

Hypothesis for care types
Low SES > Foster care > Child homes > Care villages > Institutions

Hypothesis for moderation
From differential susceptibility perspective:
children having high anger frustration or high perceptual sensitivity and staying in the institutional settings

Least social competence compared to other groups.
But they will have better outcomes if they are residing with their biological or foster families.
HYPOTHESES

• Soothability and Inhibitory control
  Related to some child outcomes
  Their moderator roles between care types and child outcomes will also be investigated as exploratory without specific hypotheses.
METHOD: Participants

185 children aged between 36 to 60 months ($M_{age} = 48.4$ months, $SD = 6.95$).

<table>
<thead>
<tr>
<th>Care type</th>
<th>Mean Age (months)</th>
<th>SD</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution</td>
<td>46.73</td>
<td>6.86</td>
<td></td>
<td>36</td>
<td>9</td>
</tr>
<tr>
<td>Care Village</td>
<td>50.91</td>
<td>6.52</td>
<td></td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Group Home</td>
<td>47.18</td>
<td>6.77</td>
<td></td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Foster Care</td>
<td>45.71</td>
<td>7.46</td>
<td></td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Low SES</td>
<td>50.14</td>
<td>6.49</td>
<td></td>
<td>21</td>
<td>16</td>
</tr>
</tbody>
</table>

Total time spent in the care: 1 months to 55.50 months
Respondents: Primary caregiver (institutions, care villages & group homes)
Foster families (foster mothers)
Low SES biological families (mothers)
METHODOLOGY: Measurements

**Demographic Information Form**
Applied to the mothers of low SES group.

**Experience History**
Institutions, care villages, and group homes
Gathered from the social service of the institutions
Q’s including arrival, care history, case history, biological family, voluntary family, preschool education information
METHOD: Measurements

Temperamental Characteristics

Children’s Behavior Questionnaire (Rothbart, Ahadi, Hershey & Fisher, 2001)

Perceptual Sensitivity (Cronbach alpha = .80)
“Notices if someone has an unusual voice tone and usually makes a comment about it.”

Inhibitory control (Cronbach alpha = .74)
“Can wait before entering into new activities if s/he is asked to.”

Falling reactivity/Soothability (Cronbach alpha = .74)
“Is quickly forgets a little cut or bruise after a few minutes.”

Anger frustration (Cronbach’s alpha = .78)
“Feels frustrated and gets angry if s/he is not let do something.”
METHOD: Measurements

**Social Competence**
Turkish Version of the Social Competence and Behavior Evaluation Scale (SYDD 30) (Çorapçı et al., 2010).

Social competence subscale of SYDD 30
(Cronbach alpha = .88)

“Helps to daily life activities such as picking up the classroom, distributing lunch to friends.”
METHOD: Procedure

113K22-TÜBİTAK
Voluntary basis, snowball method, informed consent
Verbal consent was taken from children.
Small gifts for their contribution which were suitable for their age such as stuffed animals, and ringer toys.
The scales were administered in home/institution visits
7 different cities of Turkey
Procedure approximately took 15 minutes.
Results for ANOVA

**Social competence**

\[ F(4, 180) = 2.30, \quad p = 0.61 \]

These results suggest that children in foster care \((M = 3.81, \quad SD = .68)\) show higher social competence than children in care village \((M = 3.23, \quad SD = .87)\).
Multiple Hierarchical Regression: for care types difference and moderation analysis

1st step: Age & Gender
2nd step: Temperament
3rd step: Care types and home rearing converted as dichotomous variable by dummy coding (home reared cares vs. others (all institutional care types), institutional care vs. others, foster care vs. others and care villages vs. others)
4th step: interaction between dummy variables and one temperament subscale
<table>
<thead>
<tr>
<th>Low SES</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (β=-.11*)</td>
<td>Gender (β=-.11*)</td>
</tr>
</tbody>
</table>
| Inhib. Cont. (β=.38***)
Inhib. Cont. (β=.33*)
Care Village (β=-.16*) | Perc. Sens. (β=.49***)
Perc. Sens. (β=.31***)
Perc. Sens. (β=.34***)
Perc. Sens. (β=.33***)
Inhib. Cont. (β=.38***)
Inhib. Cont. (β=.41***)
Inhib. Cont. (β=.53***)
Inhib. Cont. (β=.41***)
Care Village (β=-.15*)
Foster Care (β=.13*)
M x Foster Care (β=.21**) | Perc. Sens. (β=.31***)
Perc. Sens. (β=.34***)
Perc. Sens. (β=.34***)
Perc. Sens. (β=.33***)
Perc. Sens. (β=.38***)
Perc. Sens. (β=.58***)
Inhib. Cont. (β=.41***)
Inhib. Cont. (β=.41***)
Inhib. Cont. (β=.53***)
Inhib. Cont. (β=.58***)
Care Village (β=-.15*)
Foster Care (β=.13*)
M x Foster Care (β=-.21**)
M x Foster Care (β=-.13*)
M x Care Village (β=-.17*)
M x Group Home (β=-.20*)
M x Care Village (β=-.19*)
M x Care Village (β=-.16*)
M x Foster Care (β=-.13*)
M x Foster Care (β=-.13*)
M x Foster Care (β=-.19*)
M x Foster Care (β=-.16*)
M x Foster Care (β=-.13*)
M x Foster Care (β=-.13*)
Results: Simple Slope Analysis

**Perceptual Sens.* Foster Care**

- **Low SES to Foster Care**:
  -(\(b = .80, t = 2.31, p = .02\))

**Percept. Sens.* Foster Care**

- **Institution to Foster Care**:
  -(\(b = .89, t = 8.11, p = .00\))
Results: Simple Slope Analysis

**Inhib. Control * Foster Care**

- **Anger Frust.** Control
  - \( b = 0.49, t = 4.86, p < 0.01 \)

**Anger Frust. * Care Village**

- **Inhibitory Control**
  - \( b = -0.52, t = -2.70, p = 0.01 \)
Results: Simple Slope Analysis

Soothability * Care Village

Social Competence

\[(b = -0.56, t = -3.03, p = .003)\].
Care type differences hypotheses partially supported having only in

Social competence
foster care > care village

Foster care

Differential susceptibility hypotheses
High Anger frustration (reactivity) better social competence
Low SES Care Village
Discussion

- Perceptual Sensitivity
  Protective factor on social competence
- Differential Susceptibility

- Inhibitory control
  high inhibitory control → higher social comp. in line with the previous findings (Acar, Moritz Rudasil, Molfese, Torquati, & Prokasky, 2015). Protective factor for social competence

- Soothability
Thanks for your participation

www.cdlab.psy.metu.edu.tr
aybegum@metu.edu.tr