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Exploring ways to build a positive group climate in residential care for 4-15 year old children

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General Introduction

INTRODUCTION

Children in residential care

Children have the right to be cared for by their parents and may only be separated from them when it is in the best interest of the child. Preferably, every child should grow up in a family environment where continuity is warranted, and where the conditions of living necessary for the child's development are provided. A child who cannot live at home, may (temporarily) be placed in foster care, other family-based care, or 24-hour institutional care/treatment. These statements are based on the Convention on the Rights of the Child (United Nations, 1989) and reflect the huge responsibility of governments and youth care institutions to provide every child who cannot live safely in the home situation better and safer circumstances; in whichever form of out-of-home placement that is most suitable for the child.

There is an ongoing debate about the appropriateness of institutional care for children (Chance, Dickson, Bennett, & Stone, 2010; Dozier et al., 2014; Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2018; Souverein, Van der Helm, & Stams, 2013; Whittaker et al., 2016). Studies on the effectiveness of institutional care in general, and residential youth care in specific, have shown mixed outcomes (De Swart et al., 2012). Some studies indicated positive outcomes, such as a reduction of behavioral and emotional problems after treatment (Larzelere, Daly, Davis, Chmelka, & Handwerk, 2004; Leichtman, Leichtman, Barber, & Neese, 2001); whereas others were less positive, and concluded, for example, that children in institutional care developed less favorably compared to children in foster care (e.g., Dregan & Gulliford, 2012).

The effectiveness seems to depend on many different factors, which has led some authors to refer to residential care as a 'black box' (Libby, Coen, Price, Silverman, & Orton, 2005; Palareti & Berti, 2009). Looking at the disadvantages of residential care, such as possible negative peer influences (Aguilar-Vafaie, Roshani, Hassanabadi, Masoudian, & Afruz, 2011; Orobio de Castro, Merk, Koops, Veerman, & Bosch, 2005; Whitehead, Keshet, Lombrowski, Domenico, & Green, 2007), it has been argued by authors relatively often that this is a treatment 'of last resort' (Dozier et al., 2014; Frensch & Cameron, 2002).

Mainly since the last decennium, internationally, more and more community based and preventive care has been developed and applied in order to diminish the necessity of out-of-home placements, and institutional care in specific (see, e.g., Davidson, Milligan, Quinn, Cantwell, & Elsley, 2017; Kumpfer & Alvarado, 2003; Weick, Rapp, Sullivan, & Kisthardt, 1989). However, it turns out that the desired transformation of youth care is not easily accomplished. Notably, in the Netherlands, the number of children between 4 and 15 years of age who are placed in a (secure or open) institution has been rising over the last years, and was almost 7000 in December 2017 (Dutch Central Bureau of Statistics, 2018). This can either mean that institutional care is still needed, or that the alternatives are not sufficient yet.

Whilst acknowledging the complexity of providing high quality care for children in residential care settings, some authors take a more future-focused stand on the value and status of residential care. For example, Anglin (2004) suggested that residential care should be seen as a care form which is for some young people, at certain times in their lives, the preferred setting. Based on interviews with children and grounded theory research, he described the specific characteristics and possible positive impact of residential care, and formulated the steps that could be taken towards the creation of well-functioning ('therapeutic') residential care within the total system of child and youth care.

Recently, a large international work group of researchers in the field of residential care published a consensus statement (Whittaker et al., 2016), formulating the following definition of therapeutic residential care: "Therapeutic Residential Care involves the planful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support and protection to children and youth with identified mental health or behavioral needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources".

Historically, one of the earliest models of therapeutic residential care was designed by Anna Freud (daughter of Sigmund Freud) and her colleagues during World War II. In line with her father's legacy in psychoanalysis, she had already written about defense mechanisms as a result of stressful and traumatic circumstances, arguing that "defense" is not only associated with pathology, but also with normal aspects of development and coping behavior (Solnit, 1997). During the war, Anna Freud established the Hampstead War Nursery, which provided foster care for more than eighty children under stress. Her focus was to help the children form attachments by providing continuity of relationships with the caretakers and by encouraging parents to visit as often as possible (Burlingham & Freud, 1944; Zimmerman & Cohler, 2008). She would later be one of the important contributors to Bowlby's attachment theory (see, e.g., Bretherton, 1992).

Just after the war, in 1945, many children suffered from parental deprivation. Six orphan children, rescued from the Tereszin concentration camp by the Russians and sent to England, came into the care of Anna Freud's colleagues at the Bulldogs Bank home; observations have been described in 'An Experiment in Group Upbringing' (Freud & Dann, 1951). Among other things, they found that children who had been deprived of secure attachment relationships with adult caretakers could respond very aggressively to adults, and tended to make strong attachment to peers. In addition, they discovered that even coming out of extremely stressful and traumatizing circumstances, children could catch up very quickly when exposed to a stimulating environment. Being cared for by loving people who were responsive to the children's needs in a flexible way, while maintaining a calm orderly environment and holding to essential limits, the children in

the Bulldogs Bank home started, step by step, to be able to trust adults again (Solnit, 1997). The reports of Anna Freud and her colleagues are still very meaningful today, when we (re)define and discuss what residential care should be able to offer to children and their families.

In the contemporary search for what constitutes qualitatively good residential youth care, for a long time most attention went out to effective interventions (for an overview, see Weisz et al., 2013, 2017). Not much was written about “the other 23 hours” (Trieschman, Whittaker, & Brendtro, 1931), while, besides individual therapies, the general upbringing of the child (which is partly taken over from parents by the group workers) determines a great deal of the care provided. However, in the past decades renewed attention has grown for the basic circumstances in which this general upbringing takes place, and youth’s own perceptions of the ‘group climate’ within residential care institutions.

Residential group climate

Residential group climate has recently been defined as “the quality of the social and physical environment in terms of the provision of sufficient and necessary conditions for physical and mental health, well-being, contact and personal growth of the residents, with respect for their human dignity and human rights, as well as (if not restricted by judicial measures) their personal autonomy, aimed at recovery and successful participation in society” (Stams & Van der Helm, 2017).

This definition mainly emphasizes what the residential group climate should support in terms of the well-being of each individual, in which there is a central role for the fulfillment of the basic psychological needs (competence, autonomy, and psychological relatedness) as defined by Deci and Ryan (2000) in their Self Determination Theory.

There is increasing empirical evidence that a positive or open group climate, which is characterized by warmth and responsiveness from group workers (‘relatedness’), opportunities for development (‘competence’), ample autonomy and a safe and structured environment (Van der Helm, Kuiper, & Stams, 2018), is associated with a range of positive outcomes for youths. For example, associations have been found between a positive or open group climate and less runaway behavior, externalizing problems and aggression (Attar-Schwartz, 2013; Gross et al., 2015; Ros, Van der Helm, Wissink, Stams, & Schaftenaar, 2013; Van den Tillaart, Eltink, Stams, Van der Helm, & Wissink, 2018), better coping, and increased empathy development (Heynen, Van der Helm, Cima, Stams, & Korebrits, 2017; Van der Helm, Beunk, Stams, & Van der Laan, 2014).

However, group climate research has until now mainly focused on the adolescent age group. This can be understood from the fact that one tries to prevent placing younger children in residential care, and more is invested in researching other care forms for children (Berger, Bruch, Johnson, James, & Rubin, 2009; Dozier et al., 2014).

There is, however, still a group of children whose problems are too severe to be treated within a foster family, with a risk for frequent placement disruptions (Konijn et al., 2018; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Rock, Michelson, Thompson, & Day, 2015; Van Oijen, 2010), or for whom residential care seems to be more suitable for other reasons, such as external threats. Therefore, it is important that group climate research focuses, besides on adolescents, also on younger children. If qualitatively good residential care is offered during this early age, this may prevent delinquency and other severe problems at a later age (Einfeld, Tonge, & Clarke, 2013).

Building a positive group climate

When a child is placed out of the home environment, professional group care workers have a major responsibility in offering the right conditions for the child's development. First, they should be aware of the home situation of the child, and support improvements in order to increase the chance that the child can return home (Chance et al., 2010). Secondly, while the child lives in the institution, there should be a strong emphasis on effectiveness of individual and group treatment as well as development of evidence-based practices. A part of working on qualitatively good residential care is to monitor the group climate quality and act on children's feedback. While several instruments have been developed to monitor client perceptions of group climate aspects (Tonkin, 2015), so far, none of them were also suitable for children in the age range of 4-15. In addition, studies on the application of group climate monitoring instruments in daily practice are scarce.

In the last decades, routine outcome and process measurements have become more standard within individual therapy, and increasingly also systemic therapies (Hafkenscheid, 2010; Van Hennik & Hillewaere, 2017). The monitoring of group process variables, such as the group climate in residential care, is rather underexposed and deserves more attention (Nunno, Holden, & Leidy, 2003; Stams & Van der Helm, 2017). Performing more research in this area supposedly offers a way forward in the further development of quality measures and for making improvements accordingly in residential care for children (Puszka et al., 2015).

You matter!

In 2011, group care workers in two youth care organizations in the Netherlands, working with children under the age of 15 noticed that more and more children with severe and complex problem behavior were entering their institutions. The amount of aggression incidents was growing, and a tendency to apply 'behavioral control' started to overrule the provision of physical and emotional security in which children could learn and work on their personal development. In other words, some teams found that it became increasingly challenging to stay focused on creating a safe and positive

context for vulnerable children in residential care. There was a shared sense of urgency to perform practice-based research, exploring ways to work systematically on a positive group climate to ensure the basic preconditions for offering qualitatively good care.

This led to the 'You Matter!' project (2012-2015), which focused on establishing a Plan-Do-Check-Act cycle in order to increase group climate quality. The rationale behind the project's title is that when feedback of children is asked and taken seriously, this is one way of saying *the children matter* for who they are, and that it matters what their needs are. This was believed to stimulate competence and, at least, gave the children a voice (autonomy). Besides the implementation of monitoring instruments, this project entailed the creation of team-specific action plans based on the children's feedback, and offering several team interventions targeting pedagogical skills (stimulating relatedness), as an important fundament to work on a positive group climate for the children (Strijbosch et al., 2014).

DISSERTATION OUTLINE

The main goal of this dissertation is to contribute to the scientific and practice-based knowledge on ways to build a positive group climate in order to enhance the quality of residential care for 4-15 year old children. The first aim is to assess the current state of knowledge on the outcomes of institutional care for children. The next step is to develop new group climate instruments for 4 to 15 year old children, enabling the monitoring of child-perceived group climate in daily care. Then, in order to obtain more knowledge on the impact of group climate experiences at the child level, the aim is to examine how group climate is related to the therapeutic alliance that children experience with their primary group worker or daily 'mentor'. Finally, the focus is on how monitoring instruments can be part of an improvement process in residential child and youth care organizations, sharing the outcomes and experiences from the 'You Matter!' project in The Netherlands.

Chapter 2 of this dissertation describes a multi-level meta-analysis focusing on the outcomes of institutional care for children of primary school age and adolescence, building further on the meta-analysis of De Swart et al. (2012), who focused on a broader age range. The outcomes of institutional care and non-institutional care, and institutional evidence-based treatment (EBT) versus care as usual (CAU) are compared.

Chapter 3 describes the development and validation of a group climate instrument for children between the ages of 8 and 15: the GCIC 8-15. This instrument was based on the Prison Group Climate Instrument (PGCI; Van der Helm, 2011), but was simplified and translated to fit the language and developmental stages of primary school-aged children and young adolescents. Next, **Chapter 4** contains the development of a similar instrument, adapted for children between 4 and 8 years of age.

Chapter 5 describes the results of a prospective study on the association between children's perceived group climate and the therapeutic alliance between child and mentor, with two measurement occasions over a six-month time interval.

Chapter 6 addresses the question how group climate monitoring instruments can help to improve group climate when routinely embedded in daily residential care for children aged 4-8 and 8-15 years. First, it shares a view into the development of the scores on child-perceived group climate over two years' time. In addition, it describes the lessons that group workers learned from the 'You Matter!' project, in which the monitoring instruments were embedded. At last, it summarizes the specific themes that were mentioned by children when asked about the climate in their group.

Finally, in **chapter 7**, a general discussion of the results is presented, as well as an overall conclusion of the dissertation. The results of the separate studies are discussed in the light of the primary goal of this dissertation, and the current youth care context. The overall strengths and limitations of the dissertation are outlined, and suggestions for future research and residential youth care practice are presented, focused on our general aim to provide every child who (temporarily) cannot live safely in the home situation the best possible circumstances, and to help them forward in their development.

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