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### Group work in progress

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

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# 7

## General Discussion



## INTRODUCTION

The main goal of this dissertation was 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 term 'group climate' refers, shortly summarized, to the quality of the social and physical environment in terms of providing the right circumstances to for children to satisfy their basic psychological needs (relatedness, age-appropriate autonomy and competence) (Deci & Ryan, 2000; Stams & Van der Helm, 2017).

Four objectives were formulated in order to achieve this goal. The first objective was to assess the current state of knowledge on the outcomes of institutional care for children in primary school age and early adolescence by performing a meta-analysis on the empirical literature, and compare institutional and non-institutional Evidence-Based Treatment (EBT) with Care As Usual (CAU). The second objective was to develop group climate instruments that are suitable for 4 to 15 year old children, enabling the monitoring of child-perceived group climate in daily care. Third, in order to obtain an enhanced understanding of the impact of group climate experiences at the child level, we aimed to examine the association between children's perceived group climate and the therapeutic alliance with their primary group worker or daily 'mentor', using two measurement occasions at a six-month interval. The final objective was to explore how monitoring instruments could 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, which was focused on establishing a Plan-Do-Check-Act cycle to work on a positive group climate.

In this final chapter, first, a summary of all studies is given. Second, the overall contribution of the studies to the theoretical and empirical knowledge on residential care for children, and ways to build a positive group climate within this kind of care setting is discussed. Third, the strengths and limitations of this dissertation are mentioned. Fourth, future directions for research and practice concerning residential care for children and (working on) group climate are provided, and finally, the overall conclusion of this dissertation is presented.

## SUMMARY OF THE STUDIES

The first study (**Chapter 2**) encompassed a multilevel meta-analysis on the outcome of institutional care for children of primary school age and early adolescence. The outcomes of institutional care and non-institutional care, and institutional evidence-based treatment (EBT) versus care as usual (CAU) were compared. This study indicated that children in non-institutional CAU, which was mostly foster care, had somewhat

better outcomes (with regard to behavior problems, skills, delinquency) ( $d = 0.342$ ) than children in institutional CAU, which was regular group care in a living group setting. No differences were found between institutional and non-institutional youth care when institutional treatment was evidence-based. Significant moderators in this study were 'design of the study' (institutional youth care showed better outcomes in non-matched studies), 'delinquency' (children in institutional care showed more delinquent behavior compared to children in non-institutional youth care), 'year of publication', and 'sex of the child' (studies that were published more recently, and studies with higher percentages of females yielded smaller effect sizes). There were differences between the results of this meta-analysis and those of an earlier one focusing on a broader age range (De Swart et al., 2012), which emphasized the relevance of addressing different age groups in residential care research, including school-aged children.

Remarkably, none of the empirical outcome studies that were found in the literature search for the meta-analysis accounted for possible moderating effects of common therapeutic factors, i.e., effective aspects of treatment which are the basis of diverse forms of care (Karver, Handelsman, Fields, & Bickman, 2005; Weinberger & Hilsenroth, 2014); such as therapeutic alliance and group climate. Possible reasons may be related to the fact that instruments to measure these aspects were not available for school aged children. The second and third study in this dissertation (**Chapter 3 and 4**) concerned the development of two Group Climate Instruments for Children (GCIC), respectively for children in the age ranges 8-15 and 4-8 years. In both studies, a Confirmative Factor Analysis (CFA) showed an adequate fit to the data of a two-factor model, which indicated construct validity: *positive/open climate* mainly referring to the support of group workers and possibilities for autonomy and growth, and *negative/closed climate* referring to negative group atmosphere and interactions. Reliability for all scales was good or sufficient. In the validation study of the GCIC 8-15, concurrent validity was supported by the positive correlation between open group climate and treatment motivation.

Differences between the climate scales for both age groups could be ascribed to the developmental stage of the children. Items loading high on the positive climate scale for 4-8 year olds mainly pertained to receiving emotional support from group workers, whereas the items of the scale for older children pertained to a broader spectrum of support, emotionally and/or task oriented. Overall, the validation studies resulted in two short and practical instruments that could be used to monitor group climate in a valid and reliable way in residential care for children between 4 and 15 years old.

Using the data gathered with the new instruments, the fourth study (**Chapter 5**) examined the association between children's perceived group climate and therapeutic alliance with their mentor in residential care. It showed, first of all, moderate stability over a period of six months in therapeutic alliance and positive and negative group climate; although stability was weaker in the group of 4-8 year olds compared to the 8-15 year

old children. Next, a negative association was found between positive and negative climate, and a positive relation between positive climate and alliance when measured at the same time for both age groups. In the 8-15 age group, boys scored higher on positive group climate than girls. Contrary to our expectations, after controlling for stability and current circumstances, we did not find significant effects between group climate and therapeutic alliance over the two measurement occasions. Thus, even though group climate and alliance experiences were concurrently associated, group climate and alliance scores did not seem to be associated over (six months) time.

The final study (**Chapter 6**) addressed the question whether and how group climate monitoring instruments could help to improve group climate when routinely embedded in daily residential care for children between 4 and 15 years old, sharing the outcomes and experiences from the 'You Matter!' project in The Netherlands. Overall, we concluded from this study, that the monitoring of group climate appeared to be worthwhile. There were first indications for a positive development of group climate, as the overall 'negative climate' scores had dropped (i.e., improved) significantly over two years' time (five measurement occasions) in the 8-15 age group. Also, the monitoring provided new information about what children found important with regard to group climate, and helped group workers to stay more aware of these topics. Examples of the topics that were brought up by the children will be mentioned in the next paragraph ('discussion of the findings'). However, we did not find significant changes over time in the group climate scores of 4-8 year old children. And there was still a lot to be gained in the process; such as optimizing the monitoring instruments and systems, and creating more opportunities for teams to reflect together, and with children, on the outcomes.

## **DISCUSSION OF THE FINDINGS**

This dissertation yielded important findings that contribute to theoretical and empirical knowledge on the outcomes of institutional care compared to non-institutional care for school aged children and young adolescents, and ways to work on a positive group climate in residential youth care for this age group. The main contributions will be summarized in this paragraph.

### **How residential youth care matters**

First, this dissertation has contributed to insights about the 'relevance' of residential care for children within the total youth care system. Studies in the last decades on the effectiveness of institutional care have shown mixed outcomes (De Swart et al., 2012). Moreover, particularly for school-aged children, the appropriateness of residential youth care has been challenged. Our meta-analysis filled a gap in the literature because it was the first to focus on the residential care outcomes of children of primary school

age and early adolescence. The analyses showed that foster care had better outcomes than regular group care for children, which supports the preference to let children grow up in a family or in family-like circumstances when possible (Dozier et al., 2014). As long as placement instability can be prevented, foster care appears to provide children the best chances for a positive development. So one could ask consequently, how *does* residential youth care still matter for the youngest age groups?

The first, very logical but worthy to mention answer to this question could be that residential youth care matters as long as children are referred to it. What we see in the literature, and also in recent figures of the Dutch Central Bureau of Statistics (2018), is that referral of children to (open or secure) residential care is not yet diminishing and still concerned almost 7.000 cases (age between 4 and 15) in December 2017, which means even more children on a yearly basis. Perhaps other options, such as intensive in-home or foster treatment were tried first, and did not succeed. We cannot derive from the figures in how many of these cases residential care was actually applied as the last possible option. In our meta-analysis, no differences in outcomes were found between institutional and non-institutional youth care when institutional treatment was evidence-based. This finding indicates that residential care could in certain cases still be the treatment of choice; for example, when problems are too severe to be treated (with evidence-based interventions) in the home situation or a foster family (Anglin, 2004; Evans, Li, & Whipple, 2013; Farmer, Mustillo, Burns, & Holden, 2008; Stith et al., 2009).

Taking this one step further, residential care still matters as long as it can actually offer these children a better alternative. In line with previous literature and the present dissertation (specifically focusing on the younger age group), the question whether residential care can be a better alternative seems to be associated with the attention that is given to common therapeutic factors, combined with the application of specific treatment interventions (Weinberger & Hilsenroth, 2014; Weisz et al., 2017).

The focus in this dissertation was on building a positive group climate, which should support children in satisfying their basic psychological needs (relatedness, age-appropriate autonomy and competence) (Deci & Ryan, 2000). This is, according to the literature, related to better outcomes for youths (e.g., Pinchover & Attar-Schwartz, 2014; Van den Tillaart, Eltink, Stams, Van der Helm, & Wissink, 2018). A second important common therapeutic factor that is related to treatment outcomes is the therapeutic alliance between the child and its primary group worker ('mentor') (Bickman et al., 2012; Duppong Hurley, Van Ryzin, Lambert, & Stevens, 2015; Florsheim, Shotorbani, Guest-Warnick, Barratt, & Hwang, 2000; Shirk, Karver, & Brown, 2011). In this dissertation, group climate and alliance experiences were shown to be correlated in a total research sample of  $N = 115$  children between 4 and 15 years old in residential care. However, both common therapeutic factors did not seem to affect each other over time. Based on this finding, and the fact that circumstances can change very quickly within residential

care (Souverein, Van der Helm, & Stams, 2013), we would suggest that group climate as well as the therapeutic alliance between children and their mentors should receive explicit attention on a regular basis.

Finally, it can be argued that residential care for children (providing the right circumstances) matters especially as long as it is well connected to effective alternatives that can shorten the duration of a placement and prevent relapses (Ter Beek, Munninghoff, De Valk, Van Veluw, & Kuiper, 2018; Whittaker et al., 2016). There are indications that the current increase of residential placements in the Netherlands is caused partly by the large amount of unplanned 'crisis' placements, which in hindsight often did not appear to be absolutely necessary (Vissenberg, Tempel, & Jurrius, 2017), and which may lead to less successful outcomes compared to planned placements, for example because the family involvement is insufficient (Chance, Dickson, Bennett, & Stone, 2010; Lindqvist, 2010).

When an out-of-home placement seems to be indicated, professionals should always stay focused on improving the functioning of the (family) system as a whole. This can, for example, be supported by the installment of a 'youth initiated mentor' (YIM), who is a confidant and spokesman for the youth and a co-operation partner for parents and professionals (Van Dam et al., 2017). However, this approach is mainly suitable for older youth, and there seem to be less of such options available for younger children so far. Notably, for children, when problems appear to be too severe to treat in a foster family or by means of kinship care, the alternative of family-style group care should be considered together with the child and its family. Family-style group care takes place within home-like settings with live-in professional caretakers, who often also have biological children of their own (Lee and Thompson, 2008; Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016; Van der Helm, 2018), and could therefore be seen as a combination of foster care and residential care.

To summarize, even though the decision processes concerning out-of-home placement should be improved (Broeders, Van der Helm, & Stams, 2015; Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2018; Vissenberg et al., 2017) in order to prevent residential care placements when there are alternatives that are better for the child and its family, I would like to argue that residential care for children still matters. If a child is indeed referred to residential care, it appears to be worthwhile to invest in common therapeutic factors at the child and group level, such as therapeutic alliance and group climate. Taking these factors into account in future effect studies may help to discover more and more parts of the 'black box' of residential care, and stimulate the provision of Evidence Based Treatment (EBT) in this youth care sector.

## **How children's perceptions of group climate matter**

Previous research (Southwell & Fraser, 2010) showed that it is considered a challenge to grant children under the age of 15 an age-adequate degree of influence on their living environment. There was a need for appropriate instruments to help improve this. Therefore, it can be seen as the next main contribution of this dissertation that it yielded two valid and reliable group climate instruments, increasing possibilities for youth care institutions to monitor children's perceptions of group climate over time. In addition, this dissertation already delivered valuable insights in the specific themes that were important to the children regarding the climate of the group they lived in and that were handled in a project on building a positive residential group climate (the 'You Matter!' project; Srijbosch et al., 2014).

We learned that monitoring preferably consists of asking children to give quantitative scores to several aspects of perceived group climate, as well as answering open-ended questions. This dissertation supports the suggestion that no child is too young to give their opinion, as long as you ask age-appropriate questions (Gal, 2017). Moreover, the children's response rates on the questionnaires were extremely high in our research, possibly because the questions were about the 'normal' aspects of their living situation instead of complex personal issues, thereby stimulating a sense of normality (Anglin, 2004; Schaftenaar, 2018). The scores enabled teams to keep track of changes in children's perceptions of group climate over time and to discuss these with the children. The answers to the open-ended questions helped to identify important topics that would otherwise possibly have been overlooked. For example, reactions of staff to angry or aggressive children, providing support at the right moments in order to prevent negative incidents, adherence to group rules (by children and staff), being able to trust one another, group size, and attention for recreation/relaxation, were brought up by the children as important topics. These topics could be used as starting points for conversations with the children about their living environment.

According to the interviews with group workers in the final study of this dissertation, advantages were seen in organizing a feedback cycle, because it gave children the chance to voice how they felt about the group climate even if they did not feel like saying it to group workers directly. Group workers often found that children's answers were surprising and should be taken seriously, without losing attention for their pedagogical task. Finally, studying children's answers, it was remarkable how children within one group could differ in their perception of (e.g.) the atmosphere and the support they received from group workers. More research is needed into 'what works' for different age groups and children with different kinds of problems (Andrews & Bonta, 2010; Souverein et al., 2013).

## How routine monitoring of group climate matters

The final contribution of this dissertation concerns the new insights it has provided in how to embed group climate instruments in a monitoring system of daily residential care for children. Although this dissertation did not deliver empirical proof that the monitoring process actually brings about quality improvement (Hafkenscheid & Van Os, 2018), there seem to be some first indications that deserve further investigation, such as the significant decrease (i.e., improvement) in the overall mean score of 'negative group climate' over two years' time, as rated by 8-15 year old children.

The qualitative part of Chapter 6 showed that the monitoring process as applied in the 'You Matter!' project was promising, but not optimal yet, and the lessons learnt could be used also by other youth care organizations that are (planning on) starting comparable trajectories. Taking a more overall view of the lessons learned, it appears that monitoring group climate is only useful when there are chances to actually reflect on the outcomes, getting to understand what the feedback means and how it should be acted upon. To a certain extent, group workers can create chances themselves to reflect together as a team and with the children, but above all it is a collective (collaborative learning) process in which professionals, managers, and policy makers all should share a vision and take their own roles and responsibilities. Developing and maintaining effective reflective practices (Kirkwood, Jennings, Laurier, Cree, & Whyte, 2016; Smith, 2017; Smojkis, 2014; Wilson, 2013) with regard to building a positive residential group climate together requires time, and therefore implicates that training and coaching opportunities should be facilitated more.

The latter implication is in line with one of the goals in a recent national Action Program 'Care for Youths' in the Netherlands (Ministry of Health, Well-being and Sports and Ministry of Justice and Safety, 2018). However, it should be noted that most often the investments in professional expertise are focused on specialist knowledge, such as psychopathology and specific interventions. Notwithstanding the utter importance of bundling and increasing this specialist knowledge, I plead to combine this with training and (team)coaching aimed at providing positive living circumstances for children. Otherwise, there will be a risk of overlooking the basic (pedagogical) skills, while they also need to be kept up-to-date.

## STRENGTHS AND LIMITATIONS

Considering the importance of creating the right circumstances for all youths who cannot live at home and have been placed in institutional care, it is striking how little research has been performed in this area with regard to children under the age of 15. The main strength of this dissertation is that it is one of the first to address the quality of residential care for children in this young age group.

The research was initiated because professionals asked for scientifically underpinned tools and insights about how to work on a positive group climate and effective treatment for children in residential care, so the outcomes contribute directly to daily practices. This may also be considered an important strength of this dissertation. Notably, the same urge was felt in other institutions in the Netherlands, and in other countries, which resulted in an international spinoff already during the research project. One prominent example is the 'Back to Basics' project in Belgium, where 13 institutions applied the group climate instruments as well as some other ingredients of the 'You Matter!' study (Levrouw, Roose, Van der Helm, Strijbosch, & Vandervelde, 2018).

This dissertation also has some limitations, apart from the limitations of the individual studies that have already been noted in the previous chapters. First, the practice-based character of the present dissertation does not only have advantages, but also resulted in methodological weaknesses. We are aware of the fact that the definitions of the examined concepts are rather broad, so not as well demarcated as in many experimental or quasi-experimental studies, which hampers the formulation of very specific conclusions that may contribute to the scientific body of knowledge on quality and outcomes of residential care for children.

Also the research designs were tailored in the first place to enhance practical insights, which has led to some impracticalities when analyzing the data for scientific purposes, such as the impossibility to conduct a SEM analyses in Chapter 5, or repeated measure analyses of variance in Chapter 6. However, regarding the fact that there was not much research available on residential care for primary school-aged children and early adolescents, in our view, the explorative character of this dissertation can well be defended.

## **FUTURE DIRECTIONS FOR RESEARCH AND PRACTICE**

In general, as long as children under the age of 15 are referred to residential care, the care processes and outcomes (including long-term effects) should be monitored, to gain insights that would otherwise stay hidden in a 'black box' (Libby, Coen, Price, Silverman, & Orton, 2005; Palareti & Berti, 2009). There are also some more specific recommendations following from this dissertation with regard to ways to build a positive group climate in order to enhance the quality of residential care for 4-15 year old children. These will be outlined here.

### **More flexible monitoring**

As we have seen, there are now group climate monitoring instruments available for all age groups in residential care, including children under the age of 15. These instruments could be improved further, using participatory research with children

(examples can be found, for example, in the work of Jurrius, De Winter and Boeije, 2013). In addition, it can be recommended to keep improving monitoring systems for group climate in a way that genuinely support the (complex and hectic) work of professionals in group care, and is appropriate, helpful and fun for children as well. More specific, this may imply making the monitoring more flexible. One could, for example, besides the six-monthly more extensive measurement, discuss one simple question every week, such as 'how do you rate the group atmosphere of today, on a scale from 1 to 10?', and keep track of the scores over time, creating more 'live' feedback.

Another way to make monitoring more flexible, is to develop a thematic database containing reflection questions about specific topics brought up by children in residential care over the years, and build these into a user-friendly digital tool for the groups. This would support teams and groups to choose and address the group climate themes that are most relevant at a certain time. For example, we should be aware of the fact that not only the interactions in the physical group, but also online interactions (e.g., cyberbullying) may determine children's perception of the group climate. Such a specific topic would not necessarily have to be included in a validated instrument (we want the instruments to remain brief and thereby practical), but should receive attention if it is important in a certain group at a certain time.

### **More personalized monitoring**

More research is needed into what works for different age groups and children with different kinds of problems (Andrews & Bonta, 2010; Souverein et al., 2013), as we saw in the final study of this dissertation that it could differ greatly how the help was experienced by children within one group. Also, the meta-analysis (Chapter 2) indicated that residential care may yield less positive outcomes for girls, and from the prospective study in Chapter 5 it appeared that there could be differences between boys and girls in their perception of group climate (boys reported more positive scores). These findings deserve to be studied further in relation to existing theories about gender differences in institutional care (see, e.g., Henriksen, 2017; Van der Laan, Van der Schans, Bogaerts, & Doreleijers, 2009; Van Vugt, Lanctôt, Paguette, Collin-Vézina, & Lemieux, 2014).

Examining why some children feel supported and others do not, could enable professionals to provide even more tailored care for every child in their group. Future work should therefore be aimed at interviewing children of all age groups in an age-appropriate manner about group climate, thereby also generating a better view on what is most important for the youngest age group (4-8 years). Last, especially for children from age 12, applying digital devices and biofeedback about psychophysiological markers is upcoming and promising (McCarthy, Pradhan, Redpath, & Adler, 2016; Scholte, 2016; Shahrestani, Stewart, Quintana, Hickie, & Guastella), and could make the monitoring even more personalized, eventually supporting the overall group climate.

## **Group work in progress**

Finally, quality development in residential youth care will always be 'work in progress'. This is no different than in other fields youth care, except for the fact that residential care for children is probably the most debated field of interest. Investing in research and innovation may sometimes be hampered because the care itself is already very costly (Frensch & Cameron, 2002), and it is complicated to determine the right balance between making investments and obtaining the desired results. As can be derived from this dissertation, it can be a long process to achieve improvements; and even then, it is hard to conclude what actually caused the desired changes. However, the research in this dissertation aimed to contribute to the way forward, i.e., genuine 'group work in progress'. Even though the (measurable) steps may be small, positive changes were observed in daily practice, and an increasing number of organizations and teams is asking for the instruments that were developed.

This future-focused thinking about group work should in my opinion be continued in future policy, practice and research because it is important for the children involved. No matter how complex the situation of a child is, every child seems to have the same basic needs of relatedness, autonomy and competence (Deci & Ryan, 2000). This implies we have to keep working on the right balance between the treatment of specific problems, and having attention for the 'normal' things in life, encouraging children and families to build on their strengths. Policy makers, managers, professionals and researchers should, together with children and families (asking them for their opinions and ideas), work together at a youth care system where one would entrust their own children to, and above all a system that is tailored to the developmental needs of the children and complies with the universal rights of the child.

The insights that were generated in this dissertation may not only apply to residential care, but partly also to group work in general. Group work will and should always be in progress, and research on group work should be stimulated at several levels: the individual level (by asking feedback from clients), the group/organizational level, and the social policy level.

## **GENERAL CONCLUSION**

Residential care for youth under the age of 15 has received relatively little attention in research so far. This can be understood from the viewpoint that, especially for school-aged children, family-based care is mostly preferred and residential care is generally seen as a treatment of last resort. However, research to enhance the quality of residential out-of-home care is necessary, as it still concerns a sizable amount of children every year, and all these children have the right to receive the best possible care and living conditions for a positive development.

The present dissertation research has, first, shed light upon the outcomes of residential care for children compared to non-residential care. The analyses showed that foster care had better outcomes than regular group care for children, which supports the preference to let children grow up in a family or in family-like circumstances when possible. Even though we should try to prevent a residential care placement when there is a better alternative for the child and its family, for a certain group of children residential care can still be a treatment of choice.

In order to contribute to the quality monitoring of residential care, group climate instruments were developed. Next, children's group climate experiences were monitored over two years' time within the 'You Matter!' project, which focused on establishing a Plan-Do-Check-Act cycle to work on a positive group climate. We found a six-month stability in the group climate scores at the child-level, and fluctuations at the group level over two years' time. Results showed first indications of a decrease in negative climate (i.e., improvement) during the course of the project, and qualitative information suggested that using group climate monitoring instruments may contribute to an improvement process within residential care for children. Recommendations for future research and practice concern making the monitoring more flexible and personalized, thereby making it more supportive for professionals as well as children. In addition, it is recommended to increase opportunities to develop reflective practice and collaborative learning aimed at providing positive living circumstances for children (by training and coaching of professionals).

Going back to the heritage of Anna Freud who was one of the first to develop a model of therapeutic residential care, we should never lose out of sight that every child deserves a safe place to live where it can develop positively. Placing this dissertation in the context of previous and recent research, it may be concluded that residential care for children still matters. It seems to matter even more when there is structural attention for building a positive group climate together, and when residential care is connected to alternatives which can shorten the duration of a placement and prevent relapses. Group work will always be in progress, and this should be possible from a positive perspective, appreciating every small step forward, just like in the lives of the children whom it concerns.

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