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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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Summary



There is an ongoing debate about the appropriateness of residential care, especially when it concerns (young) children. While many efforts are being made to diminish the necessity of residential care, still thousands of children are being placed in institutions every year. It is important to perform research and thereby invest in the quality of residential youth care. For a long time most attention went out to effective interventions. However, in the past decades renewed attention has grown for the basic circumstances in which the general upbringing takes place, and the youth's own perception of group climate within residential care institutions. The term 'residential group climate' refers to the quality of the social and physical environment in terms of providing the right circumstances for children to satisfy their basic psychological needs of relatedness, autonomy and competence. There is growing evidence that a child-perceived positive or open group climate is an important factor for good outcomes. However, group climate research has focused mostly on the adolescent age group so far.

This dissertation aimed to contribute to the scientific and practice based knowledge on ways to build a positive group climate in residential care for 4-15 year old children. The objectives to achieve this goal were 1) to assess the current state of knowledge on the outcomes of institutional care for children in primary school age and early adolescence, 2) to develop group climate instruments which are suitable for 4-15 year old children, 3) to examine the association between children's perceived group climate and the therapeutic alliance with their 'mentor' (primary group worker), and 4) to explore 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, which was focused on establishing a Plan-Do-Check-Act cycle to work on a positive group climate.

In a multilevel meta-analysis on the outcomes of institutional care for children of primary school age and early adolescence, we found that children in non-institutional care as usual (CAU), which was mostly foster care, had somewhat better outcomes ( $d = 0.342$ ) than children in institutional CAU, which was regular group care offering daily care and structure in a living group setting. This confirms that generally a more stable (family) environment provides better conditions for the development and treatment of children. However, no differences were found between institutional and non-institutional care when institutional treatment was evidence-based. This suggests that institutional care could be the treatment of choice, for example, if problems are too severe to be treated in a foster family, or with (evidence-based) interventions in the home situation.

Next, we developed 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 (positive/open climate and negative/closed climate), which indicated construct validity. Reliability for

all scales was good or sufficient. Cronbach's alpha for the positive/open climate scale was .91 in the GCIC 8-15 and .72 in the GCIC 4-8. Cronbach's alpha of the negative/closed climate scale was .71 in both age versions of the GCIC. In the validation study of the GCIC 8-15, concurrent validity was supported by the positive correlation between open group climate and treatment motivation. These instruments gave opportunities to validly and reliably measure and monitor child-perceived group climate.

Using the data gathered with the new instruments, the next study 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 for 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 the current circumstances, we did not find significant effects over the two measurement occasions (six-month time interval) between group climate and therapeutic alliance.

Finally, we explored 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. Overall, we concluded from this study that the monitoring of group climate appears to be worthwhile. There are first indications for a positive development of group climate, as the overall 'negative climate' scores 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. For example, reactions of staff to angry or aggressive children, providing support at the right moment 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. However, we did not find significant changes over time in the group climate scores of 4-8 year old children. There is still a lot to be gained in the process; such as optimizing the monitoring instruments and systems, and creating opportunities for teams to reflect together, and with children, on the outcomes.

First, this dissertation has contributed to insights about the 'relevance' of residential care for children within the youth care system. Even though we should first of all try to prevent residential placement when there is a better alternative for the child and its family, for a certain group of children residential care can still be the treatment of choice. We argue that residential care for children still matters, and seems to matter even more when there is structural attention for building a positive group climate, and

when it is connected to alternatives which can shorten the duration of a placement and prevent relapses. Monitoring children's perceived group climate has become possible with the new instruments, which may be improved further, using participatory research with children.

Recommendations for future research and practice are to make 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, coaching of professionals). Overall, with this dissertation, we have tried to contribute to the way forward, i.e., genuine 'group work *in progress*'. This perspective on group work should be continued in future policy, practice and research, appreciating every small step forward, just like in the lives of the children whom it concerns.