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**CHILDREN'S
SOCIAL
CARE**

EMMIE SUMMARY

**Residential
care**

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About the What Works Centre for Children's Social Care

The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services,

child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: whatworks-csc.org.uk, or
CASCADE at: sites.cardiff.ac.uk/cascade

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This evidence summary is based on the following systematic review

Strijbosch, E.L.L., Huijs, J.A.M., Stams, G.J.J.M., Wissink, I.B., Van der Helm, G.H.P., De Swart, J.J.W. and Van der Veen, Z., (2015). The outcome of institutional youth care compared to non-institutional youth care for children of primary school age and early adolescence: A multi-level meta-analysis. *Children and Youth Services Review*. 58, pp.208-218.

What is the intervention?

Institutional Youth Care is an arrangement whereby groups of children live together looked after by a small number of paid adult carers. Strijbosch et al., (2015) highlight debates around the appropriateness of institutional care for children with a shift in many countries from institutional towards community-based care since the 1980s. While there is evidence that children in institutional care may be at an increased risk of poorer behavioural outcomes, there is little consensus in the literature about the relative effectiveness of institutional youth care compared with other forms of care. There are also different forms of institutional care (e.g. some include specific treatment programmes delivered by multidisciplinary teams). A previous meta-analysis of institutional care examined the outcomes for mostly 14- to 18-year-olds in institutional care and found that it can be as effective as other forms of care, and that some combinations of institutional youth care and treatment programmes were more effective than 'care as usual'.

This summary is based on a review carried out by Strijbosch et al (2015) on the outcomes of institutional care for children of primary school age and in early adolescence. Strijbosch et al's., review is based on the earlier meta-analysis based largely on 14-18-year-olds, but focuses on children from a younger age group.

Which outcomes were studied?

Strijbosch et al's., (2015) review focused on behavioural problems. It used a measure of total problems, but also looked at different types of problems separately, namely externalising behaviour, internalising behaviour, social skills, cognitive skills and delinquency.

The study was carried out as a multi-level meta-analysis. This meant that the study not only considered these different outcomes, but also considered how these outcomes differed in studies that compared different types of interventions. These included:

- Institutional evidence-based treatments with non-institutional evidence-based treatments.
- Institutional evidence-based treatments with institutional care as usual.
- Institutional care as usual with non-institutional evidence-based treatments.
- Institutional care as usual with non-institutional care as usual.

The authors define evidenced-based treatments as structured and often manualised interventions based on empirically supported theories about what causes different behavioural problems.

Effectiveness: how effective are the interventions examined?

Outcome 1 – Children's behaviour and skills

Effect rating	0
Strength of Evidence rating	2

This study compared different types of intervention. Overall, the review found that children in non-institutional care (receiving 'care as usual'), had better outcomes than children in institutional youth care (also receiving 'care as usual') ($d=-.342$). However, when comparing only evidence-based approaches, there were no significant differences in the outcomes for children of institutional care and non-institutional care. When the reviewers considered specific behaviour and skills outcomes, children in institutional care were significantly more likely to have delinquent behaviour ($d=-0.329$).

Mechanisms and Moderators: When, where and how does it work, and who does it work for?

Strijbosch et al., outline some of the previous research on institutional and other forms of care for children. This highlights a number of mechanisms through which young people in institutional care may have developed behavioural problems. These include problems that may have arisen through abuse and neglect experienced before entering care but also problems that might have arisen as a result of living in the institutional setting itself, either because of separation from parents or through negative peer influences. The empirical analysis presented in Strijbosch et al., (2015) highlights differences in effects when different types of intervention are considered, however it does not provide further analysis of mechanisms.

Strijbosch et al., (2015) considered how a range of other factors moderate the effect. Some of these relate to the design of the studies, while others include issues relating to the child. Moderators relating to study design are important, not because they tell us when and where an intervention may be effective, but because they show how the study itself can impact on results.

The review explored if different issues relating to the study design affected the results including the year of publication, the journal impact factor, the quality of the study, the types of measurements made and the type of study carried out.

Several of these moderators influenced the outcomes. For example, some of the studies included matched control and intervention groups (i.e. the study considered the need to ensure the children in both groups were similar in relation to some specific characteristics). Some of the studies had non-matched control and intervention groups (i.e. the children in both groups were not matched in relation to specific characteristics). The non-matched studies showed better outcomes for children in institutional youth care, while in the matched studies outcomes were better for those in other forms of care. This highlights that the type of care that might be suitable for one young person might be different from the type of care that might be suitable for another young person. The year of publication also significantly affected the results with earlier studies associated with larger effect sizes, though it is not clear why this effect might be occurring.

The review also explored if factors relating to the child moderated the effects, including their age, gender and ethnicity. Of these, the child's gender had a significant effect: where a higher percentage of girls were included in the sample, the effect size tended to be smaller.

Implementation: how do you do it?

The review does not consider issues relating to implementation. None of the 19 studies in the review took place in the UK.

Economics: what are the costs and benefits?

No economic evaluation was reported.

What are the strengths and limitations of the review by Strijbosch et al., (2015)?

Strijbosch et al., (2015) carried out their review in the form of a multi-level meta-analysis. While this approach enabled them to include more effect sizes, it also has some limitations. They included effect sizes that resulted from making different kinds of comparisons between different forms of care. Most of the time they compared institutional care with other forms of non-institutional care, but they also included evidence-based institutional care compared with institutional care as usual. This means that their overall results do not reflect solely the differences between institutional and non-institutional care. They also provided only limited details of how different factors moderated the effect sizes for the different types of comparisons. While such analysis would have reduced sample sizes, it would also have provided more scope for understanding what might be effective under different circumstances and for different children.

None of the studies took place in the UK and it may be that the models of care in the countries studied – e.g. USA, Germany, Netherlands – may be different from those commonly used in the UK.

Summary of key points

The analysis identified that:

- Children in non-institutional care, receiving care as usual, had a higher chance of better behavioural outcomes than children in institutional care, receiving care as usual.
- When only evidence-based approaches were compared, there was no significant difference between the outcomes for institutional and non-institutional care.
- Matched studies indicated the least favourable outcomes for institutional care, while non-matched studies showed better outcomes for those in institutional care.
- Children in institutional care showed more delinquent behaviour than children in non-institutional care.
- Studies that were published more recently had smaller effect sizes.
- Studies with a higher percentage of female children had smaller effect sizes.

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