



Commissioned by:



Function, quality and outcomes of residential care

Rapid Evidence Review

Executive Summary



This is the Executive Summary of the report researched and written by Robert Porter, Miriana Giraldi and Fiona Mitchell, and commissioned by SOS Children's Villages International.

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Executive Summary

Introduction

In seeking to provide an overview of the existing research on residential care, this review addresses the following research questions:

- What is the function of residential care as part of a range of alternative care options?
- What facilitates 'quality' care in residential care? Taking account of it both in the relational interactions between children and their carers, and in how residential care is organised to facilitate high quality care for children.
- What effect does residential care have upon outcomes for children and young people?

Methodology

This review used Rapid Evidence Review Methodology based on the steps detailed in Khangura et al (2012), which aim to streamline the process of synthesising evidence for practical applications. The research questions and the protocol for the search, screening, and reviewing of relevant literature were devised in close consultation with a stakeholder group from SOS Children's Villages.

Observations on the coverage and quality of the research reviewed

Of the 111 papers reviewed, the majority were published in the three years 2017-2019 and reported on primary quantitative studies. Eight systematic reviews were also included. The relevance to the research questions and quality of the papers was assessed by reviewers, only one paper was excluded due to being of insufficient quality. The papers included in the review cover data collected in 68 countries around the world, with the most frequently represented country being Romania, followed by the United States of America and the UK. This reflects the western English language bias present in much academic work, as well as the impact of the Bucharest Early Intervention Project (BEIP), which is the data source for the majority of the papers that include Romania.

Contextual analysis

In reviewing the papers, it is clear that there is little consistency in the terminology and definitions used across studies. Often, terms used were not defined and a description or analysis of the setting was seldom provided. Sometimes terminology and descriptors were used interchangeably within a paper, with no rationales given as to the choices made. 'Residential care', 'residential setting', 'residential centre' or 'residential care home' were the terms used most often. An almost equal number of the papers reviewed refer to 'institutions', 'institutional care', 'child care or child welfare institution', or simply to 'institutionalised children'.

What is the purpose of residential care?

Few studies explicitly addressed questions relating to the purpose or function of residential care. Those that did articulated how residential childcare exists as part of a societal approach to the protection of children, as part of a continuum of support for children and young people separated from their parents. There were many reasons cited for children's separation from their parents, with these clustering in relation to factors that might be understood as situational, primarily related to parental issues or behaviours, or presented as linked to a child's needs. Different uses were cited, including: 'respite' for parents; an interim provision while identifying, securing, or in preparation for a move into, family based care; when alternative family based care is not available or has not sustained, and appears unlikely to be able to offer emotional containment and a stable and continuous support for a child; to provide intensive support or 'treatment' from a group of carers, linked to the severity of the social, emotional and behavioural needs presented; as part of recovery and rehabilitation for children who have been subjected to neglect and abuse, trafficking, or sexual exploitation; as a stage in a move towards independent living following care.

What facilitates quality in residential care?

Few papers set out to explore either what constitutes or enables quality in care as the core topic of study. Those that did, or explored or assessed factors that relate to how well supported children and young people are, how positively they experience residential care in its different forms, and how this contributes to their growth, development and wellbeing, are presented with reference to what appear to be four critical domains of quality: setting, staffing, safety and treatment (Farmer et al., 2017).

The evidence presented shows that the most important aspects in this domain in ensuring high quality care are those related to the environment: quality care is provided in settings that are familial, home-like, affording opportunities for connection, stimulating practices, and activities. Elements such as routines and clear structures also contribute to the re-creation of a family environment, all of which contributes to an experience of daily life that is similar to those of children who are not in alternative care. The opportunity for children to maintain established connections, including contacts with friends, attending the same school, and having continued access to other services and opportunities within the community are seen as essential.

In order to consider meaningfully the ways in which residential care can provide high quality support, it is important to move beyond elements relating to size and structure of the setting, and focus on relationships and interactions. These aspects, analysed primarily in the domains of staffing and safety, help to determine how care can ensure the best quality of support and outcomes for children.

Caregivers play a pivotal role from the moment of placement, providing information, creating opportunities for participation and ensuring children and young people receive emotional support. The relationship they establish with children is essential to children's well-being and development. Appropriate care is ensured through stable relationships based on trust, characterised by continuity and lack of disruptions.

Caregivers need to be physically and emotionally available for children, something that can be successfully achieved when training, support, and supervision are available at the organisational level. A low child to caregiver ratio is another key determinant of success in this respect.

Residential care can provide specialised care for a variety of specific, severe, or complex needs. These aspects were considered in the context of treatment, an essential ingredient at the heart of a quality care programme. Evidence shows that effective, therapeutic care can be ensured by trained, specialised staff working within multidisciplinary teams using evidence informed models of care.

What effect does residential care have on outcomes for children and young people?

A large volume of the papers reviewed had at least a partial focus on the outcomes of residential childcare for children and young people. These papers have a focus on the psychological, social, and emotional outcomes for children and young people, with a reliance on a wide range of standardised measures.

It is clear from papers that focus on institutional care that children and young people in institutional care are at a disadvantage compared to their peers in family environments on a variety of measures. Due to the nature of the research conducted, there is no clarity in relation to issues of causality, i.e. whether this disadvantage is the *result* of care received, or a symptom of experiences prior to admission. However, both the wealth of evidence from the BEIP (using a strong RCT methodology), and more piecemeal evidence from other comparative studies, indicate that children and young people who are either initially placed, or subsequently move to, family based environments are able to match children who were never removed from the home, and make up ground on disadvantages they may have experienced upon placement.

There is also a large volume of less conclusive evidence that children in residential care are disadvantaged compared to their peers. It is not possible to draw clear conclusions on the outcomes of residential care for children and young people from the literature reviewed. This is due to a combination of the use of different methodologies, different measures, with different populations, in different care settings, in different cultural and socio-economic environments.

There remain significant gaps in the research literature around outcomes which was returned from the searches within this study. The clearest of these is the lack of research looking specifically at the experiences of children and young people within, or with experience of, residential facilities. In particular, studies which allow the young people themselves to highlight the outcomes that they feel residential care has provided for them, and the components of care which they felt facilitated, or inhibited, positive outcomes. Another major deficit in the research presented here is in the longer term social and emotional outcomes for children and young people who have experienced residential care, as well as the lack of high-quality studies which examine which children or young people benefit the most from different types of residential setting.

There is a clear theme of deficit and disadvantage that runs through much of the outcomes literature. As Wright *et al* (2019) describe, this deficit focus risks overlooking the benefits that residential care can have for some children and young people, in some contexts. Combined with a large volume of the literature coming from large-scale institutional settings, it risks overlooking the benefits that may be conferred on children and young people by small-scale, individualised residential care.

Finally, it is worth highlighting that the BEIP has had a significant impact on our understanding of institutional care on children and young people. However, the impact of the BEIP (and other studies) has been such that our expectations of residential care are significantly different from the environment experienced by the children and young people involved in the BEIP. While it is understandably frequently cited in other papers in this review, its findings are limited to the impacts of the environment in which it took place.

Concluding observations

Issues around the use of terminology within the literature on residential care relate to the inconsistency of usage of terms, including institutional and residential, and the lack of detail provided regarding the nature of the settings being described.

Given the variability in terminology used, the context and focus of studies, methodologies used, the lack of integration of considerations of purpose, quality and outcomes together, it is challenging to be conclusive regarding an appraisal of the function, quality and outcomes of residential care across countries.

On the basis of this body of work, it is clear that:

- Large scale residential settings (institutions) are detrimental to the development and wellbeing of children and young people;
- It is challenging to provide quality care in residential settings, where groups of carers are caring for groups of children with divergent needs, and requires close attention to setting, staffing, safety and treatment (i.e. evidence-informed models of holistic care);
- Context and culture are important to understanding the role and impact of residential care, and there is a differential representation of evidence from North America and North and Western Europe;
- Due to the differential regarding the sources of evidence available on residential care, our understanding of the purpose and usage of residential care is influenced by what is occurring within very specific context.



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