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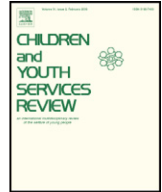

The outcome of institutional youth care compared to non-institutional youth care for children of primary school age and early adolescence: A multi-level meta-analysis

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ABSTRACT

Objective: The outcome of institutional youth care for children is heavily debated. This multilevel meta-analysis aims to address the outcome of institutional youth care compared to non-institutional youth care for children of primary school age and early adolescence in economically developed countries. A gain of knowledge in this area may help the decision for referral of children to institutional youth care or other types of care (e.g., foster care or community-based care), and improve outcomes for children in youth care.
Methods: Of 19 controlled studies (15.526 participants), 63 effect sizes of behaviour problems (externalizing, internalizing, and total), skills (social and cognitive) and delinquency were computed based on comparisons between institutional Evidence-Based Treatment (EBT), institutional Care As Usual (CAU), non-institutional EBT, and non-institutional CAU.
Results: Institutional CAU showed a small-to-medium negative significant effect compared to non-institutional CAU ($d = -0.342$). Furthermore, children in institutional care showed slightly more delinquent behaviour compared to children in non-institutional care ($d = -0.329$). Significant moderating effects were also found for study design, year of publication and sex of the child.
Conclusions: Children receiving non-institutional CAU (mostly foster care) had slightly better outcomes than children in institutional CAU (regular group care). No differences were found between institutional and non-institutional care when institutional treatment was evidence-based. More research is needed on the conditions that make established treatment methods work in institutional care for (young) children.
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1. Introduction

Under the United Nations Convention on the Rights of the Child, children have the right to grow up in a stable and safe environment where they receive the warmth and support they need for their development (Children's Rights Alliance, 2010; Höfte, Van der Helm, & Stams, 2012; United Nations, 1989). Unfortunately, not every parent is able to offer a stable and secure home, and some children have to live in foster care or institutional youth care (Manso, Garćia-Baamonde, Alonso, & Barona, 2011).

There is an ongoing debate about the appropriateness of institutional care for children, (Chance, Dickson, Bennett, & Stone, 2010; Dozier et al., 2014; Souverein, Van der Helm, & Stams, 2013). Mainly since the last decennium, but beginning in the 1980s, there has been a shift from institutional towards community based care, and a change from a deficit-focused to a strength-focused approach, in particular building on family strengths and resources (Knapp, 2006; Kumpfer & Alvarado, 2003; Leichtman, 2008; Lonne, Parton, Thomson, & Harries, 2009; Lösel & Farrington, 2012; Melkman, 2015; Weick, Rapp, Sullivan, & Kisthardt, 1989). From this perspective, a growing number of (evidence-based) treatment alternatives have been developed, such as Multi-Systemic Therapy (MST; Henggeler, Pickrel & Brondino, 1999b; Van der Stouwe, Asscher, Stams, Dekovic, & Van der Laan, 2014) and Multidimensional Treatment Foster Care (MTFC; Chamberlain & Reid, 1998). However, the appropriateness of institutional youth care compared to non-institutional youth care should still be judged taking the type and severity of the problems of children into account

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(Andrews & Bonta, 2010; Souverein et al., 2013) as well as the children's age.

Khoo, Skoog, and Dalin (2012) pointed out that, whereas adolescents are often referred because of their own behaviour problems and delinquency, children are often brought to the attention of social services because of parents' shortcomings and problems in the home. These problems are often interwoven with serious emotional and behavioural disorders that interfere with children's development and their ability to function at home, in school and in their communities (Benzies, Harrison, & Magill-Evans, 2004; Linville et al., 2010; Raine, Brennan, Mednick, & Mednick, 1996). Many studies addressing outcomes of institutional youth care versus other care forms have focused on (late) adolescents. Especially within the current timeframe of de-institutionalization, it is important to also pay close attention to the outcomes of institutional youth care for children and young adolescents. In the next paragraphs, we provide an overview of research on institutional versus non-institutional youth care and evidence-based treatment (EBT) versus care as usual (CAU). In this article we consider 'treatment' as particular behavioural interventions targeting problems that hamper adaptive functioning (James, 2011). Evidence-based treatment refers to structured and often manualized interventions based on empirically supported theories about what causes and maintains problems, which have been proven to be effective (to some degree) in (quasi-) experimental research (Chorpita et al., 2013; Wampold, Goodheart, & Levant, 2007; Weisz et al., 2013a).

1.1. Institutional and non-institutional care for children

Since young children are extremely vulnerable and develop rapidly at the physical, emotional and cognitive level, treatment in a family or family-like environment (i.e., non-institutional care) is usually preferred over institutional care (Dozier et al., 2014). Available evidence-based treatment methods (non-institutional EBT), such as Functional Family Therapy (Alexander, Pugh, Parsons, & Sexton, 2000), Multi-Systemic Therapy (MST; Henggeler et al., 1999b) and several kinds of behavioural parent training (for an overview, see Weisz et al., 2013a) focus on care assistance and treatment at the youth's home and community locations, such as the school and contexts involving structured and unstructured free time activities (Dijkstra, Creemers, Asscher, Dekovic, & Stams, 2015; Pennell & Burford, 2000). Weisz et al. (2013a) performed a meta-analysis based on research within the last four decades and found that non-institutional evidence-based treatment for psychopathology in children and adolescents outperformed non-institutional usual care, but the advantages proved to be modest, and moderated by youth, location and assessment characteristics. Non-institutional CAU mostly includes non-structured and non-manualized treatment, (intensive) case management, several forms of foster care with or without the involvement of professional support, and counselling. Non-institutional CAU might also include interventions that are promising from a theoretical perspective, such as Family Group Conferencing, but still lack sufficient empirical support (Asscher, Dijkstra, Stams, Dekovic, & Creemers, 2014; Crampton, 2007; Dijkstra, Creemers, Asscher, & Stams, 2014; Frost, Abram, & Burgess, 2014).

Although a family-environment is preferred for every child, non-institutional community-based treatment and/or living in a foster home can be extremely difficult for children showing persistent aggressive and anti-social behaviour, with a risk for frequent placement disruptions (Dekker, Van Miert, Roest, & Van der Helm, 2012; Jakobsen, 2013; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Van Oijen, 2010). The prevalence of placement instability should not be underestimated; it can aggravate emotional and behavioural problems (Barber & Delfabbro, 2003; Hussey & Guo, 2005; James, Landsverk, Slymen, & Leslie, 2004; Rubin, Alessandrini, Feudtner, Localio & Hadley, 2004; Ryan & Testa, 2005).

Compared to children in non-institutional care, children in institutional care show more aggressive behaviour, and have more often been diagnosed with oppositional defiant disorder or conduct disorder (Handwerk, Field, & Friman, 2001; Lee & Thompson, 2007; Vermaes & Nijhof, 2014). Recent studies show that the severe behaviour problems can be associated with abnormal brain development as a result of neglect and traumatization (Fairchild et al., 2013; Raine, 2013). Providing the right treatment for children in institutional care is therefore very complex. Besides, living in an institutional setting can in itself have a negative or positive impact on the development of children (Dunn, Culhane, & Taussig, 2010; Preyde, Adams, Cameron, & Frensch, 2009). For example, as a result of the separation from their parents, children may develop internalizing problems (White & King, 2011), externalizing problems (Van der Helm, Stams, & Van der Laan, 2011) and attachment problems (Johnson, Browne, & Hamilton-Giachritsis, 2006; Van den Bergh, Weterings, & Schoenmakers, 2011; Van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2009). Also, negative peer influences, such as 'deviancy training' (Dishion, McCord, & Poulin, 1999), can affect the development of children in institutional care. Children's aggressive behaviour can trigger coercive behaviour in professionals, with a detrimental effect on the living group climate. The institutional setting can, on the other hand, also provide the safety and protection children coming from harmful circumstances need. For a discussion on the negative and positive consequences of institutional youth care, see Souverein et al. (2013).

There is little consensus in the literature about the effectiveness and appropriateness of institutional youth care compared to non-institutional youth care, and how the above-mentioned problems are being addressed (Preyde et al., 2011; Souverein et al., 2013). In particular the long-term outcomes for children and adolescents living in institutional youth care have been questioned (Chor, McClelland, Weiner, Jordan, & Lyons, 2012; Dregan & Gulliford, 2012; Frensch & Cameron, 2002). There are some studies that indicate positive outcomes, but they are mostly based on small samples, and control groups are often missing (Bean, White, & Lake, 2005). Some pre-experimental studies showed a reduction of behavioural and emotional problems after treatment in institutional youth care (Larzelere, Daly, Davis, Chmelka, & Handwerk, 2004; Leichtman, Leichtman, Barber, & Neese, 2001). More recently, Dregan, Brown and Armstrong (2011) have investigated the effectiveness of institutional youth care and foster care, and showed that children in both conditions were at increased risk of behavioural and emotional problems in adulthood. Relatively better outcomes were related to the involvement of families during placement, e.g., by offering family therapy (Chance et al., 2010; Schubert, Mulvey, Loughran, & Losoya, 2012). Also a short length of stay, a positive living group climate, aftercare services and minimizing placement instability were important factors associated with better outcomes in institutional youth care (Hoagwood & Cunningham, 1993; Khoo et al., 2012; Schubert et al., 2012).

Many studies are less positive about institutional youth care. Negative peer influences are often mentioned (Aguilar-Vafaie, Roshani, Hassanabadi, Masoudian, & Afruz, 2011; Orobio de Castro, Merk, Koops, Veerman, & Bosch, 2005; Whitehead, Keshet, Lombrowski, Domenico, & Green, 2007). Whitehead et al. (2007) maintained that institutional youth care focuses too much on the child itself instead of on the entire child system (peers, school, and parents). Additionally, Manso et al. (2011) showed that many children in institutional care do not only have problems with their personal and social functioning, but also have educational problems. Dregan and Gulliford (2012) concluded that children in institutional care develop less favourably compared to children in foster care. As a possible explanation for this result, they mentioned that foster care provides more positive care experiences because it is a relatively stable placement with early admission to care and, as opposed to institutional care, a limited number of different caregivers. Their study did not adjust for pre-care characteristics. As some studies indicate (Barth,

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