

Developing a positive living group climate in residential youth care: A single case study

Delphine Levrouw¹  | Rudi Roose² | Peer van der Helm³ | Eefje Strijbosch³ | Stijn Vandevelde¹

¹Department of Special Needs Education, Ghent University, Ghent, Belgium

²Department of Social Work & Social Pedagogy, Ghent University, Ghent, Belgium

³Leiden University of Applied Sciences, Leiden, Netherlands

Correspondence

Delphine Levrouw, Department of Special Needs Education, Ghent University, Begijnhoflaan 464, 9000 Ghent, Belgium.
Email: delphine.levrouw@ugent.be

Abstract

In residential youth care, a positive living group climate is one of the main pillars for having a child grow up and develop optimally. Despite its importance, the development of a positive living group climate seems to be “under pressure,” due to recent evolutions in residential youth care all over the world. This article describes what could be learned from a project focused on monitoring the living group climate in a residential youth care service in Flanders, Belgium. The objectives were (a) to investigate the implications of this project specifically aimed at improving the living group climate, and (b) to discuss the opportunities and challenges of this process, in relation to the particular service and staff, and residential youth care in general.

The outcomes indicate that group workers perceive the monitoring process as a constructive tool for discussing outcomes in establishing a positive living climate. Furthermore, the findings show that the living group climate is perceived as a complex context, with many interactions that are difficult to measure or capture—therefore, discussion about the outcomes is an essential part of improvement processes. This study provides insight into the key factors and tensions in the development of a positive living group climate.

KEYWORDS

children and adolescents, living group climate, residential youth care

1 | INTRODUCTION

The importance of the daily living situation in residential youth care has been acknowledged in scientific literature (see e.g., Kok, 1984; Trieschman, Whittaker, & Brendtro, 1969, Ter Horst, 1977; Van der Ploeg, 2005, Author's own, 2011a; Whittaker, Holmes, del Valle, et al., 2016). The daily living situation in residential youth care in Europe is not seen as an isolated congregate form of care. Rather, it relates to a complex social and physical environment, in which children grow up together due to an unsafe or a pedagogically adverse living situation. Residential youth care, in general, is integrally characterized with the spirit of partnership between the families we seek to serve and the total staff complement (Whittaker et al., 2016, p. 96).

Recently, in the UK and in different other countries, this approach has been captured in the uprise of social pedagogy. The usefulness of social pedagogy approaches is seen in its contribution to the improvement of care and social work for children and young people in residential care centres (Janer & Ucar, 2017). Social pedagogy refers to a holistic way of working with children and families in ways that support their well-being, learning, and growth. At the heart of social pedagogy lies a belief that each person deserves to be treated with dignity and possesses unique inner richness and potential, which we can help them unfold. It can be described as where education and care meets, whereby education takes place in everyday lives of children, in relationship with the practitioner and in the same life space (Cameron & Moss, 2011).

Whittaker, Del Valle, and Holmes (2014) define “therapeutic residential care” as

The authors declare that they have no conflicts of interest.



the playful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioural needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources. (Whittaker et al., 2016, p. 94)

Throughout history, well-known educators, such as Aichhorn, Bettelheim, and Redl and Wineman, have identified the residential environment as an important (therapeutic) means (Van der Ploeg, 2005) for supporting children with emotional and behavioural problems.

Trieschman et al. (1969, p. 19) even considered the “daily life” to be the main therapeutic factor in stimulating positive behaviour, surpassing the effects of “the one-hour therapy session that takes place during the day”. Kok (1984, p. 59–61) stressed the importance of acting in the daily living situation as the first strategy in residential youth care, in addition to the supportive interventions through therapy (second strategy) and the focus on the specific individuality of each child (third strategy).

More recently, Author's own (2011a) renewed attention to the daily living situation in an empirical way: He refers to the daily living situation in residential youth care as the “living group climate” or “group climate.” Stams and Van der Helm (2017) describe the living group climate as “the quality of the social and physical environment in terms of the provision of sufficient and necessary conditions for the physical and mental health, well-being and personal growth of the residents, with respect for their human dignity and human rights as well as (if not restricted by judicial measures) their personal autonomy, aimed at participation in society.”

The relationship between the group worker and the child is seen as one of the most important features in the living group climate (Harder, Knorth, & Zandberg, 2006; Harder, 2011; Harder, Knorth, & Kalverboer, 2013; Kok, 1984; Lambert, 2001; Pijnenburg et al., 2010; Author's own, 2011a,b,c; Sulimani-Aiden, 2016; Roest, van der Helm, & Stams, 2016; Ter Horst, 1977). Author's own (2011a) investigated the effects of a positive living group climate on the behaviour of young people in closed residential treatment services situated within the Dutch juvenile justice system. The outcomes demonstrated that staff members play a very important role in establishing an open living group climate and the subsequently higher internal locus of control and increased treatment motivation of the clients (Author's own, et al., 2009). It has also been reported that a positive living group climate is positively associated with increased cognitive empathy of the clients (2012a). In mental healthcare services, an open and positive living group climate is reported to contribute to fewer incidents of aggression (De Decker et al., 2017; Heynen, Van der Helm, Cima, Stams, & Korebrits, 2016b; Ros, Van der Helm, Wissink, Schaftenaar, & Stams, 2013). Author's own (2011a, p. 120) argued that an open living group climate should be a main concern for staff and workers and should be regularly monitored and improved.

Despite its importance, attention to developing a positive living group climate seems to be “under pressure,” due to recent

international evolutions in residential youth care (Clark & Newman, 1997; Frensch & Cameron, 2002; Jongepier & Struijk, 2008; Ledoux, 2004; McLean, 2013; Souverein, Van der Helm & Stams, 2013; Thoburn, 2016; Whittaker et al., 2016). First of all, non-residential youth care is generally promoted: Families are regarded as the first resource, and residential youth care should be avoided. Residential youth care is considered to be a last resort (Boendermaker, van Rooijen, & Bert, 2013; Frensch & Cameron, 2002; James, Landsverk, Leslie, Slymen, & Zhang, 2008; Knorth, Harder, Zandberg, & Kendrick, 2008; Thoburn, 2016; Van Loon, 2007). However, research shows that residential care can also meet the needs of some children (Frensch & Cameron, 2002; Knorth et al., 2008; Schubert, Mulvey, Loughran, & Losoya, 2012; Souverein, van der Helm, & Stams, 2013). As such, in contrast to viewing residential youth care as a last resort, it can also be valued as a treatment of choice (Anglin, 2004; Frensch & Cameron, 2002; Harder et al., 2006; Thoburn, 2016; Whittaker et al., 2016). Second, the current evidence-based era strongly focuses on evidence-based “treatment methods” (currently, 231 “effective” methods, mostly targeting “third strategy” interventions, are recognized in the Netherlands; www.nji.nl). However, children have the right to grow up in a normal environment (Jongepier & Struijk, 2008; Kok, 1984; McLean, 2013; Ter Horst, 1977; Ward, 2004;). This can also be facilitated within residential care: “To let children have a normal development and education” is a spontaneous and interactional process between the child, the group worker, and the broader context. Residential care is a culture that stresses learning through living (Whittaker et al., 2016, p. 97) and is—for that reason—hard to capture in a fixed set of methods (Jongepier & Struijk, 2008). Residential care is also difficult to study, as it is complex and multi-layered. However, a predominant focus on evidence-based methods and sometimes rigid implementation may lead to denying individual needs and situations and thereby discounting “the other 23 hours (Trieschman, Whittaker, & Brendtro, 1969).” This emphasis may further promote managerial thinking at the expense of providing children with a positive living climate. This managerial thinking, and the demand to predict, register, and record actions, may lead to fewer possibilities to spend time with, and invest in a relationship with, children and adolescents.

In the context of providing this regular positive environment in Belgium, the “Back to Basics” project was started in 2014. This article describes what could be learned from this project, which is focused on the improvement of the living climate in a residential youth care service in Flanders, the northern part of Belgium. The objectives are twofold: (a) to investigate the implications of this project specifically aimed at the living climate and (b) to discuss the opportunities and challenges of this process not only for the particular service and staff but also in relation to residential youth care in general.

2 | OUTLINE OF THE PROJECT

2.1 | Setting and participants

In order to address the objectives mentioned above, a single-case study was carried out in the “Vereniging Ons Tehuis (VOT),” a residential youth care organization in Flanders. VOT offers services to

support children and their context in difficult educational situations. VOT has four different departments:

- OSIO, Ouders steunen in opvoeden [Supporting parents in the education process];
- DIVAM, Dienst Ieper-Veurne voor Alternatieve Maatregelen [Institution for alternative measure], which offers support to adolescents who have committed delinquent acts.
- JEZ11, in which 10 girls, between 12 and 18 years of age, and their social network are supported.
- HDO, Harmonie - Den Akker - Ons Tehuis, is the department in which the present study took place. HDO offers both residential services and home-based support to 94 children and their social network. The department focuses on supporting children and families with severe educational problems. In this study, 42 children and young adults, between 0 and 20 years of age, live in four different residential living groups. In some cases, they return home after intensive support. Although the children reside in the living group, a team of group workers support them. Every child is specifically followed up by one group worker. The relationship between group workers and children is characterized by values such as being supportive and sensitive to children's educational and developmental needs.

The four residential living groups are composed as follows:

In the first group, 10 young children, aged between 0 and 6 years, live together. Average age in this living group at the time of the study was 4 years. This group was characterized by children who were born in so-called multi-problem families and who were experiencing attachment problems.

In the second group, 12 children, between the ages of 6 and 18, live together. The educational situation of these children is characterized by the lack of a supportive network. Because of that, the children reside mostly in the living group, and group dynamics are an important issue. Ages varied greatly at the time of the present study, so different versions of the living climate questionnaires were used.

Ten children, between the ages of 6 and 18, live in the third group. These children can still rely on a network: The parents are supportive, and education and care are shared between the parents and the living group. Ages varied greatly at the time of the present study, so different versions of the living climate questionnaires were used.

In the fourth group, 10 young adults, between the ages of 16 and 20, live in studio apartments and are supported in learning to live independently. In this group, most of the adolescents could fill out the questionnaire independently.

The first author of this article is the coordinator responsible for these four living groups. She initiated this project and has been actively involved in the monitoring process. Based on this project, in 2016, she started her research towards the doctoral degree at Ghent University.

2.2 | Procedure

Based on international collaboration with colleagues in the Netherlands, who have experience in analysing the living climate in residential

settings, a project to monitor and improve the living group climate in VOT was initiated, consisting of a Plan-Do-Check-Act cycle: (a) informing the children, adolescents, and support staff about the project and its objectives; (b) collecting data on the living group climate's quality by means of standardized instruments; (c) reporting the outcomes to the children and group workers and discussing possibilities for improvement; (d) follow-up phase to carry out actions in response to the outcomes of Phase 3; (e) monitoring the experienced living group climate by means of team and group discussions; (f) second administration of standardized instruments after 6 months (cf. Phase 1). This process was repeated continuously (see Appendix A). After four cycles, the frequency was at one cycle a year. The outcomes of the different living groups were fed back to all staff members of the organization.

The children were given the choice whether or not to participate in the project. The assessment was implemented with the aim of monitoring the living climate in the living groups. The questionnaires were administered at different time points by a person neutral to the children, such as a student, the quality manager, or another person who was not unknown to the child but was not directly involved in his/her treatment either. The duration of the administration was about 10 to 20 min. The moment of administration was considered to be important. Sometimes, the children had a negative experience in their social network, at school, or in the living group. At such times, it was difficult for them to fill out the questionnaires. In order to deal with these issues, the administration was carried out in a flexible way, addressing the specific needs of every individual child/adolescent. Before the administration, children/adolescent were given a general explanation about the project. During the administration, "the neutral person" stayed nearby in order to give support and to clarify ambiguities. The administration of young children, starting at the age of 4, was supported by extra oral explanation and visualizations. The "neutral person" stayed with these children all the time to give the necessary support. The children could choose a visual representation of "thumb up" or "thumb down" in order to show (dis)agreement with the statement. Afterwards, all children/adolescents got a small reward (e.g., a candy and a soda).

The quantitative results of the Prison Group Climate Instrument (PGCI) (Author's own 2011a), the Group Climate Instrument (GCI) (Strijbosch et al., 2014), the Children's Alliance Questionnaire (CAQ; Roest, Van der Helm, Strijbosch, Van Brandenburg, & Stams, 2014), and the Adolescence Treatment Motivation Questionnaire (ATMQ; Author's own, 2012a) were summarized, and scale results were calculated. In preparation of the group meetings, the project leader analysed the outcomes. The scale results, large discrepancies between two measurements, and the individual answers for each question were fed back to the group workers for their reflection. The outcomes were discussed with the professionals and the children/adolescents in two separate meetings. The principal researcher (first author) and coordinator of the living groups actively participated in these meetings and took field notes. A report of every meeting was made.

The outcomes gave insight into **how children/adolescents experience the living climate**. Rather than focusing on the quantitative results as such, the findings were discussed **in relation to the context of the living group**. For example, in one living group, children rated the following statement as very appropriate: "The crowdedness in

the living group is driving me crazy.” This did not surprise the group workers because of the large number of children/adolescents in the living group ($n = 10$). For the group workers, it was key to get **more information on what the children exactly experienced** as “crowdedness” and how this could be tackled. Based on the children’s accounts, some moments were experienced as most stressful: for example, after having being visited by their parents. In order to lower the children’s stress, the group workers discussed with the children how they could support them after the visit by their parents.

During this phase, **each team selected three actions** planned **within the next 6 months**. Examples include **increasing autonomy** by installing **opportunities to choose** (e.g., little children could choose which clothes to wear and which sandwich to take to school), **dealing with group rules in a more flexible way** (e.g., the four living groups selected seven important, non-negotiable rules; e.g., I have daytime activities). Other group actions were more individualized and used in a flexible way (e.g., how much time adolescents could spend with multimedia), or **involving children in decision-making processes** (e.g., in one group, a daily group meeting was installed; in another living group, a “friend afternoon” was organized, in order to address the children’s request to meet with their friends).

The core ideas and actions “to improve living group climate” were **evaluated regularly in team meetings**. Each team had its own way of evaluating these actions. Some teams appointed a group worker to remind his or her colleagues to take these actions. Other teams added these actions to the standard agenda topics of their regular team meetings.

After 6 months, a joint evaluation was organized with all teams, all staff members, and the directors of the organization. At this point, **a new analysis and monitoring cycle started**. This cycle was organized in exactly the same manner as the previous cycle. After a second analysis, quantitative results were compared and new discussions with the group workers and the children and adolescents were initiated.

3 | IMPLICATIONS OF THE PROJECT

3.1 | Start of the process

At the start of this project, group workers indicated **to be frustrated because of a prominent focus on non-residential work in youth care in general (outpatient support was seen as a first choice treatment) and of a focus on methods** (e.g., the use of a care plan, with specific goals they need to achieve, and the many reward and score systems for managing the child’s behaviour), **and by the many administrative tasks**: every decision and every action needed to be noted. The group workers felt as though they could not fully fulfil their core job: supporting and spending time with the children in their living group in their daily activities. Nevertheless, as one group worker stated: “For the group workers, the start of the living group climate project felt like an **acknowledgement of their concerns and their convictions about the importance of living group climate aspects for the development of children.**”

The first phase (giving information) of the project turned out to be essential, and it proved to be indispensable to carefully explaining the importance, the focus, and the way the living climate was going to be

addressed. It was explained to the staff members that the children themselves would measure the living climate in their living group by means of standardized instruments, in order to enhance further discussions. This message made group workers feel insecure: What if the measurement outcomes were negative? Already at the beginning of the process, it was clear that an **open dialogue** with the experts in creating a living climate would be a crucial aspect of the project.

3.2 | Description and administration of the instruments

In Phase 2, where data were collected, the following standardized instruments were used:

1. **The Prison Group Climate Instrument (PGCI 15+; 29 questions; five report scores)**: This instrument assesses the living group climate in secure residential treatment facilities (2011a). The instrument measures several subscales, for example, alliance, growth, atmosphere, structure and rules, and repression. Items include *I have some peace of mind in the unit; we trust each other here; ...* Possible answers to the subscales range from 1 to 5, with 1 indicating *totally not agree* and 5 *totally agree*. Adolescents also need to give scores to the themes: The support by the group workers, things to be learned, the atmosphere, the honesty, and the rules in the unit. Possible answers range from 1 (*very bad*) to 10 (*very good*).
2. **The Group Climate Instrument (GCI; GCI 4–8 [12 questions] and GCI 8–15 [14 questions]; Srijbosch et al., 2014)** derived from the PGCI. This instrument has been specifically developed for children and adolescents with a **mild intellectual disability**. The questionnaire maps the present open, positive living group climate and the repressive living group climate (Srijbosch et al., 2014). Examples of questions are *Is it nice to play at the unit? Can you play with other children at the unit ...* Possible answers to the subscales in the questionnaire GCI (4–8) range from 1 to 3, with 1 indicating *totally not agree* and 3 *totally agree*. Possible answers in the questionnaire GCI (8–15) to the subscales range from 1 (*totally not agree*) to 5 (*totally agree*). In this questionnaire, five report scores needed to be given: the support by the group workers, things to be learned, the atmosphere in the unit/group, the honesty and the rules in the unit. Possible answers range from 1 (*very bad*) to 10 (*very good*).
3. **The Children’s Alliance Questionnaire (CAQ 4–8 [10 questions] and 8–12/15 [nine questions]; Roest et al., 2014)** documents the alliance between the individual group worker and the child. Items include *My individual group worker understands me; My individual group worker has time to spend with me; ...* Possible answers to the subscales in the questionnaire CAQ (4–8) range from 1 (*totally not agree*) to 3 (*agree*). Possible answers in the questionnaire CAQ (8–15) to the subscales range from 1 (*totally not agree*) to 5 (*totally agree*).
4. **The Adolescent Treatment Motivation Questionnaire (ATMQ 8–15 [11 questions]; Author’s own, 2012a)** originated in secure juvenile residential services and documents how motivated adolescents are to deal with their stay and their problems. Examples of questions are *I am wasting my time here; I learn the right things*

here; ... Possible answers to the subscales in the questionnaire ATMQ (8–15) range from 1 to 3, with 1 indicating *totally not true* and 3 *totally true*.

Most of the children indicated that they enjoyed filling out the questionnaires, which were generally perceived to be “easy.” When children would experience difficulties filling out the questionnaire by themselves, the researcher supported them. In addition to the quantitative answers, the children really wanted to disclose qualitative information. This information was registered and fed back to the group workers.

3.3 | Implementation of the questionnaires in the monitoring cycle

During Phase 3 (discussing the results with group workers and children separately), the support staff members regarded the feedback of the outcomes as an “unsafe” situation. In their first impression, it felt like the work of the group workers was being evaluated by the children and the outcomes would have an influence on how the organization perceived the competencies of the support staff members. Furthermore, as the message was conveyed that the relation between the group worker and the children is a very important and powerful tool in creating a positive living climate, the group workers also wanted to have a voice in the measurement of the living climate in their living group. At this point, the living climate measurement was perceived as a “one-way” instrument. It turned out to be very important to clarify the goals of the project at different time points during the process.

In the third phase, the support staff fed the outcomes of Phase 2 (data collection) back to the children and adolescents, and actions were developed. Some children were really happy to participate in thinking about improving the living climate in their living group. Other children were pessimistic: “nothing will change.” The first measurement was not seen as a very welcome tool but as a “judging instrument” and “additional work” for the support staff members. Formulating actions was generally perceived as “our work is not good enough” and “we already have so much work to do.” And still, the group workers were good at suggesting necessary improvements for their living group. When the monitoring process was implemented, the group workers' perception of the measurements became more positive and felt like support. Over time, the process was gradually perceived to be “normal and necessary.” The group workers declared in their team that they were more aware of certain actions and that they paid more attention to the continuous evaluation and monitoring process in dealing with the living climate. In the daily living situation and in the residents meeting, the children and adolescents were more concerned about creating and maintaining a positive climate. There were more group discussions about themes of the daily living situation (some living groups discussed these themes every day), resulting in a shared responsibility in establishing a positive climate.

After 4 months, in the follow-up phase (Phase 4), we went back to the children to ask if they had noticed changes relating to the actions for improving the living climate in the past few months. In an open discussion, the children and group workers discussed these evolutions and actions.

In some cases, action points were modified. For example, in one group, the children had indicated that they had the impression that nothing happened with their suggestions. It turned out that the group workers took the suggestions into account but forgot to inform the children about the changes.

The process ended with a joint presentation meeting, during which all participating teams presented how they had dealt with the living climate in their group. The aim of the meeting was twofold: On the one hand, group workers could exchange good practices. On the other hand, the meeting had a bonding character between the living groups, but also between the present staff members, the directors, and the living groups. The joint evaluations were also a way for the organization to create a shared vision of developing a positive living climate in residential youth care.

After 6 months, a new cycle was initiated (Phase 5).

3.4 | Limitations

In this case study, we focused on the quantitative and qualitative information from a small group of participants, which compromises generalization of the findings.

Second, the children were invited to participate because the monitoring process and the administration were part of the organization's improvement process. Of course, if a child really refused to participate, he/she was not forced to, but simply motivated. Therefore, the children did not give their permission explicitly via an informed consent. At that point, it was not known whether their information would be used in further research.

Third, after the administration, the outcomes were shared with the children and the group workers. Sometimes only one child filled in a particular questionnaire. Also, the children could give feedback on the outcomes. Considering these two factors, anonymity was not fully guaranteed.

4 | CONCLUSION

In this case study, we were focused on the core of the monitoring process, and less on the outcomes themselves. The group workers needed some time to give the monitoring process a chance to develop. But over time, the process in establishing a positive living climate was perceived as a constructive tool by the group workers, staff, and directors. Giving information to everyone in the organization who was involved in the monitoring process proved to be indispensable to getting the monitoring process started and to continuing it. In the group discussions, the group workers urged each other to be more aware of the characteristics that are important in implementing a positive living climate. In addition to the outcomes on the questionnaires, the discussions with the group workers and the children appeared to be instrumental in initiating this positive movement.

5 | OPPORTUNITIES AND CHALLENGES

In this article, we have described a project to monitor and improve the living climate in residential youth care.

The open discussions about the outcomes between the staff members and the children/adolescents turned out to be very meaningful.

First of all, the team discussion was viewed as a forum in which the group workers could discuss the issues that were, at first sight, perceived to be self-evident. Second, links between the quantitative (measurements) and qualitative data (the children's comments) were clarified. In this project, the open discussions were perceived as a necessary addition to the quantitative outcomes.

Third, the discussions have created a shift in the organization from a focus on managing behaviour towards a basic and relational pedagogy in which emphasis is placed on how a child can develop as normally as possible in the living group. A focus shift is not only necessary in the living groups but also between staff members and management, as a project focused on the living climate can only succeed if it is supported by the organization as a whole. Finally, we can conclude that the group workers were more aware of the characteristics that are important in implementing this positive living climate. From this perspective, starting this monitoring process can be seen as an answer to dealing with the first tension as described above: It is not because there is a shift to non-residential youth care that the quality of residential youth care is to be underestimated. The focus of this process lies on the core business of the group workers, which ensures that children in residential youth care reside in a qualitatively good living climate and that the group workers are motivated to do their job.

Yet we encountered some other tensions in this process that need further attention. Standardized instruments are used in combination with an open dialogue approach. The use of the questionnaires may give the impression that the living climate could be measured "easily." Taking into account the information explained above, it looks as if the living climate in residential youth care is easy to capture in a set of questions. Yet when we look at the outcomes of the scales and questions separately, information about, and contextualisation of, the youngsters were needed to fully understand the scores. In that respect, we wonder whether the use of standardized instruments might give the impression that instruments can be administered without thorough discussion. In some instances, these standardized methods are embraced by policy-makers to organize the self-evaluation, input, and outcome-measures with the goal of improving the work of an organization. For policy purposes, it is important to monitor whether funds are spent in a relevant and cost-effective way. The use of valid instruments contributes to this need.

Paradoxically, the quantitative outcomes as such were not sufficient to initiate a shift towards creating a positive living climate. We can conclude that, not the measures themselves, but the integrated combination of standardized measurement and team discussions contributed to a shift in living climate. The discussions and the changes in the daily action with adolescents were a necessary part of working with complex daily interactions in the living climate.

As described in the introduction of this article, youth care is being exposed to an evidence-based evolution of using methods "that work." The organizational aspects of youth care are dominated by evidence-based approaches, looking for clear-cut solutions, believing that pedagogical workers can "calculate" what the consequences of

decisions and actions will be (Payne, 2005; Pijnenburg et al., 2010). The question is whether or not we can ever control and measure the deep, complex interactions that characterize the living climate of a residential living group in which 10 children grow up. Author's own (2012d) promoted this "black box" as an opportunity: The belief in neutrality and the right solutions to social problems becomes fiction in light of the inevitable complexity of situations in which social workers intervene (p. 1600).

This reflection brings us to another tension. To strict a focus on "what works," and the need to improve outcomes in relation to children's behaviour, can subordinate a relational pedagogy in which children can develop as normally as possible. Subsequently, group workers can feel the need to apply a set of methods in an artificial way, rather than use their spontaneous qualities to support the children in the living group.

We think this might depend on the perspective from which we aim to create a positive living climate. Do we want to give children the opportunity to grow up in a natural way, or do we want to control and manage their behaviour? Do we need a combination? Author's own (2011a) describes how a far-reaching controlled living climate leads to a repressive climate. He also expresses the need for the discussions and open dialogue with the children in dealing with the instruments. McLean (2013) describes how group workers express the desire to support children in a normal way, instead of only managing their behaviour. A suggestion for future research could be to investigate how group workers and children experience this tension.

To conclude, it is very important to look at what we can learn from the findings and how we could apply the outcomes in daily practice. First of all, to develop a positive living climate, it is important to involve the organization as a whole. It is crucial to give staff members and group workers the mandate to work with this theme. Also, we can conclude that the living climate is a complex context, with many interactions that are difficult to measure or capture. In this study, the monitoring process created a platform for discussing the outcomes. It brought out a positive movement towards a living climate created in a shared responsibility between group workers and children. The study provides some more insight into the process and tensions in the development of a positive living climate. Yet it is unclear whether the findings can be generalized to other residential settings or to other (European) countries.

More research on this theme is recommended, as there is a dearth of international research. Furthermore, in this study, the perspective of the group workers and information about the working climate is lacking. If we regard the relationship as one of the most important aspects in a positive living climate, residential organizations must pay attention to implementing a constructive working climate.

It is recommended that the relations between the living climate and the working climate be investigated in order to develop what we could call "a basic pedagogy" in residential youth care, in which the first focus is to let children develop as normally as possible in the complex environment of a living group situation.

In addition to the relationship between the living (micro-level) and working climate (meso-level), it is important to further investigate issues on the macro-level (e.g., youth policy) and the relationship with the development of a basic pedagogy.

ORCID

Delphine Levrouw  <http://orcid.org/0000-0002-4511-586X>

REFERENCES

- Anglin, J. P. (2004). Creating "well-functioning" residential care and defining its place in a system of care. *Child and Youth Care Forum*, 33(3), 175–192.
- Author's own (2009). "What works" for juvenile prisoners: The role of group climate in a youth prison. *Journal of children's services*, 4, 36–38.
- Author's own. (2011a). *First do no harm*. Amsterdam: SWP Publishers (proefschrift VU Amsterdam).
- Author's own (2011b). Measuring group climate in prison. *The Prison Journal*, 91, 158–177.
- Author's own (2011c). Violence in youth prison: The role of group climate and personality. *Journal of Forensic Psychiatry & Psychology*, 1, 23–40.
- Author's own (2012a). Measuring treatment motivation in secure juvenile facilities. *International Journal of Offender Therapy and Comparative Criminology*, 57(8), 996–1008. <https://doi.org/10.1177/0306624X12443798>
- Author's own (2012b). Group climate and empathy in a sample of incarcerated boys. *International Journal of Offender Therapy and Comparative Criminology*, 56(8), 1149–1160.
- Author's own. (2012c). Manual of the prison group climate instrument (PGCI). Leiden University of applied sciences.
- Author's own. (2012d). Irony and social work: In search of the happy sisyphus. *British Journal of Social Work*, 42, 1592–1607.
- Boendermaker, L., van Rooijen, K., & Bert, T. (2013). *Residentiële jeugdhulp: wat werkt?*. Utrecht: Nederlands Jeugdinstituut.
- Cameron, C., & Moss, P. (2011). *Social pedagogy and working with children and young people. Where care and education meet*. London and Philadelphia: Jessica Kingsley Publishers.
- Clark, J., & Newman, J. (1997). *The managerial state: Power, politics and ideology in the remaking of social welfare*. London: SAGE.
- De Decker, A., Lemmens, L., Van der Helm, G. H. P., Bruckers, L., Molenberghs, G., & Tremmery, B. (2017). The relation between aggression and the living group climate in a forensic treatment unit for adolescents: A pilot study. *International Journal of Offender Therapy and Comparative Criminology*, 61, 1–17. <https://doi.org/10.1177/0306624X17712347>
- Frensch, K. M., & Cameron, G. (2002). Treatment of choice or last resort? A review of residential mental health placement for children and youth. *Child & Youth Care Forum*, 31, 307–339.
- Harder, A. (2011). *The downside up? A study of factors associated with a successful course of treatment for adolescents in secure residential care (dissertation)*. Groningen: Rijksuniversiteit Groningen.
- Harder, A., Knorth, E. J., & Kalverboer, M. E. (2013). A secure base? The adolescent-staff relationship in secure residential youth care. *Child & Family Social Work*, 18, 305–3017.
- Harder, A., Knorth, E. J., & Zandberg, T. (2006). Residentiële jeugdzorg in beeld. In *Een overzichtsstudie naar de doelgroep, werkwijzen en uitkomsten*. Amsterdam: SWP.
- Heynen, E., Van der Helm, G.H.P., Cima, M., Stams, G.-J., & Korebrits, A. (2016). The relation between living group climate, aggression, and callous-unemotional traits in delinquent boys in detention. *International Journal of Offender Therapy and Comparative Criminology*. Advance Online Publication. doi:<https://doi.org/10.1177/0306624X16630543>, 61, 1701, 1718
- James, S., Landsverk, J., Leslie, K. L., Slymen, J. D., & Zhang, J. (2008). Entry into restrictive care settings: Placements of last resort? *Child Welfare and Foster Care*, 89, 349–358.
- Janer, A., & Ucar, X. (2017). Analysing the dimensions of social pedagogy from an international perspective. *European Journal of Social Work*, 20(2), 203–218.
- Jongepier, N., & Struijk, M. (2008). Tijd voor herwaardering van het pedagogisch basisklimaat. *Jeugd en Co Kennis*, 2, 19–25.
- Knorth, E. J., Harder, T. E., Zandberg, T., & Kendrick, A. J. (2008). Under one roof: a review and selective meta-analyses on the outcomes of residential child and youth care. *Children and Youth Services Review*, 30, 123–140.
- Kok, J. F. W. (1984). *Specifiek opvoeden in gezin en school, dagcentrum en internaat*. Leuven/Amersfoort: Acco.
- Ledoux, M. (2004). *Waar zijn we toch mee bezig. Institutionele Psychotherapie in weerstand en dialoog met de kwaliteitspsychiatrie*. Kessel-Lo: Acco.
- Van Loon, J. (2007). *Ontmanteling van de instuutsozorg. Emancipatie en zelfbepaling van mensen met een verstandelijke handicap*. Middelburg: Arduin.
- McLean, S. (2013). Managing behaviour in child residential group care: Unique tensions. *Child & Family Social Work*, 20, 344–353.
- Payne, M. (2005). *Modern Social Work Theory* (3rd ed.). Chicago: Lyceum Books
- Pijnenburg, H., et al. (2010). *Zorgen dat het werkt: werkzame factoren in de zorg voor jeugd*. Amsterdam: SWP Publishers.
- Roest, J., van der Helm, G. H. P., & Stams, G. J. (2016). The relation between therapeutic alliance and treatment motivation in residential youth care: A cross-lagged panel analysis. *Child and Adolescent Social Work Journal*, 33(5), 455–468.
- Roest, J., Van der Helm, G. H. P., Strijbosch, E., Van Brandenburg, M., & Stams, G. J. (2014). Measuring therapeutic alliance with children in residential treatment and therapeutic day care: A validation study of the children's alliance questionnaire. *Research on social work practice*. <https://doi.org/10.1177/1049731514540478>
- Ros, N., Van der Helm, G. H. P., Wissink, I., Schaftenaar, P., & Stams, G. J. J. M. (2013). Institutional climate and aggression in a secure psychiatric setting. *The Journal of Forensic Psychiatry and Psychology*, 24, 713–727. <https://doi.org/10.1080/14789949.2013.848460>
- Schubert, C., Mulvey, E., Loughran, T., & Losoya, S. (2012). Perceptions of institutional experience and community outcomes for serious adolescent offenders. *Criminal Justice and Behavior*, 39, 71–93.
- Souverein, F. A., Van der Helm, G. H. P., & Stams, G. J. J. M. (2013). 'Nothing works' in secure residential youth care? *Children and Youth Services Review*, 35, 1941–1945.
- Stams, G. J. J. M., & Van der Helm (2017). What works in residential programs for aggressive and violent youth? Treating youth at risk for aggressive and violent behavior in (secure) residential care. In P. Sturmey (Ed.), *The Wiley handbook of violence and aggression* (Vol. 116) (pp. 1–12).
- Strijbosch, E. L. L., Van der Helm, G. H. P., Van Brandenburg, M. E. T., Mecking, M., Wissink, I. B., & Stams, G. J. J. M. (2014). Children in residential care: Development and validation of a group climate instrument. *Research on Social Work Practice*, 24, 462–469.
- Sulimani-Aiden, Y. (2016). In between forma land informal: Staff and youth relationships in care and after leaving care. *Children and Youth Services Review*, 67, 43–49.
- Ter Horst, W. (1977). *Herstel van het gewone leven*. Groningen: Wolters-Noordhoff.
- Thoburn, J. (2016). Residential care as a permanence option for young people needing long-term care. *Children and Youth Services Review*, 69, 19–28.
- Trieschman, A. E., Whittaker, J. K., & Brendtro, L. K. (Eds.) (1969). *The other 23 hours*. Chicago: Aldine.
- Van der Ploeg, J. D. (2005). *Behandeling van gedragsproblemen. Initiatieven en inzichten*. Rotterdam: Lemniscaat.
- Ward, A. (2004). Towards a theory of the everyday: The ordinary and the special in daily living in residential care. *Child and Youth Care Forum*, 33(3), 209–225.

Whittaker, J. K., Holmes, L., del Valle, J. F., et al. (2016). Therapeutic residential care for children and youth: A consensus statement of the international work group on therapeutic residential care. *Residential Treatment for Children & Youth*, 33(2), 89–106.

Whittaker, J. W., del Valle, J. F., & Holmes, L. (Eds.) (2014). *Therapeutic residential care with children and youth: Developing evidence-based international practice*. London and Philadelphia: Jessica Kingsley Publishers.

How to cite this article: Levrouw D, Roose R, van der Helm P, Strijbosch E, Vandevelde S. Developing a positive living group climate in residential youth care: A single case study. *Child & Family Social Work*. 2018;1–8. <https://doi.org/10.1111/cfs.12467>

APPENDIX A

