

## 6. Case studies

### Examples of using research evidence in practice

#### CASE STUDY #1

*'The best of times, the worst of times'. Young people's views of care and accommodation*

This study explored the views of 242 children who had spent at least a year being looked after in one of six English local authorities between 1996 and 1998. The progress of many of these children was tracked until 2000, and some for a longer period. A sample – not claimed to be representative – of children were followed up several years after they had ceased to be looked after. The study illustrated the diversity of young people in care; each had a unique story and life trajectory. In terms of the contribution corporate parenting was able to make to the five Every Child Matters outcomes, the young people's stories emphasised the small steps that were made and the often unquantifiable gains, which did not fit easily into a structured planning process. Among young people's many likes and dislikes were what the authors describe as the 'humdrum' events of life: having someone to talk to; eating together; the unremarkable but – to these young people – analogues of ordinary family life like going to the cinema or minor displays of affection. The study population had, overall, a positive view of their lives in care, though, as the authors note, this frequently contrasted with their previous experience and may have been based on low expectations. Even heavily criticised features of corporate parenting, such as frequent moves in care, was not necessarily seen as wholly negative by many young people, as frequent moves were often a feature of their lives before reception into care.

Ward, H, Skuse, T. and Munro, E. (2005) *Adoption & Fostering*. 29, 1: 8-16.

**Study implication: *Young people may have different views from professionals on what is more and less important. However, care must be taken when considering the extent to which the views of this sample can represent the whole population of looked after children.***

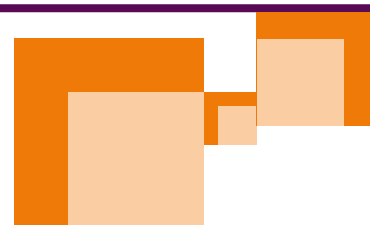
## CASE STUDY #2

*SAFE Homes: is it worth the cost? An evaluation of a group home permanency planning program for children who enter out-of-home care.*

SAFE Homes (SH) is a short term group care programme for children between 3 and 12 years who enter care for the first time. The programme aims to improve outcomes through the consolidation of resources in order to improve assessment and treatment planning. One year outcomes of 342 children receiving SH services and the same number of matched foster care (FC) children were compared. The hypotheses tested were that the SH children would be favoured through a) greater continuity of care (fewer placements, more placements with siblings and in town of origin) b) identification of more relatives for substitute care when needed c) reduced use of high cost restrictive settings and d) reduced rates of re-abuse through earlier detection of support needs. The results, however, did not support these hypotheses. Prior to the implementation of the SH programme, 75% of children who entered public care experienced three or more placements in their first year. Outcomes for both SH and FC groups improved on this. The FC group had, however, better outcomes than the SH group on the most variable measured. In addition, the total cost of out of home care for the FC group was considerably less than the SH group. The study concluded that the SH model had no advantages over routine care and that, rather than designing a new model, improvements to outcomes in care could be produced through more investment in staff training.

DeSena, A. *et al.* (2005) *Child Abuse & Neglect*. 29: 627-643.

**Study implication: Existing model appears to be advantaged over the new model in both cost and outcomes. No grounds on the basis of this study to innovate.**



### CASE STUDY #3

*Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis.*

Parental substance abuse, in both the USA and the UK, is one of the main factors associated with the reception of children into care. Managing parental substance abuse thus has a very direct bearing on the welfare of children. Despite this observation, very little empirical research has been carried out into the effectiveness – and hence the value of investment in – treatment programmes. This study examined outcomes of treatment for 1911 women whose children had been placed in substitute care. Results indicated that when women entered treatment more quickly, spent more time in treatment or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunited with their parents. This finding held even when controlling for level of risk, and substance abuse frequency and chronicity.

Green, B, Rockhill, A. and Furrer, C. (2006) *Children and Youth Services Review*. 29: 460-473.

**Study implication: *The study gives support for the rapid entry of parents into treatment programmes following the removal of a child and the use of persuasion or compulsion for programme completion.***

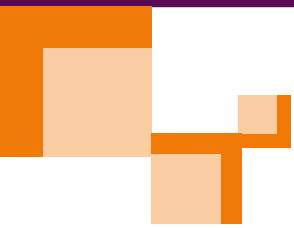
### CASE STUDY #4

*Developing evidence based interventions for foster children: an example of a randomized clinical trial with infants and toddlers*

Children who enter foster care have often experienced maltreatment as well as disruption in relationships, rendering them at risk for a range of problematic outcomes. This study examined the effectiveness of an intervention titled Attachment and Biobehavioural Catch-up, which targeted externalising problems in children entering foster care. Sixty children were assigned to treatment or experimental groups. Both foster parents and those analysing the data were blind to group allocation. Foster parents were provided with a 10 week in home training programme. Outcomes measures were foster parent reports of child behaviour and children's diurnal production of cortisol, a stress hormone. After the intervention period, children in the treatment group were reported as having lower cortisol values and fewer behavioural problems.

Dozier, M. *et al.* (2006) *Journal of Social Issues*. 62, 4: 767-785.

**STUDY IMPLICATION: *The model piloted appears to be more effective than standard treatment; however, we would need to replicate this to be confident that this is a true finding and also examine how long the effects last.***



#### **CASE STUDY #5**

*Initial findings on the involvement of people with an intellectual disability in interviewing their peers about quality of life*

In recent years strong arguments have been put forward for involving users of adult health and social care services not only in the design of those services but also in research that might be carried out relating to the services and those who use them. Such participation extends beyond being the respondents to research to being involved for example in conducting the research interviews. The arguments for such involvement have not always included consideration of the potential impact that such involvement might have, both on the individual carrying out the interviews and on the respondents. This exploratory study considered the involvement of a person with an intellectual disability as a co-worker. The study involved interviewing a sample of 21 people with intellectual disabilities living in community-based staffed houses about their quality of life. A particular interest was in whether there would be a response bias in respect of the responses to an interviewer with an intellectual disability and one without. The person with an intellectual disability was trained to administer three self-report quality of life measures, with the interview being repeated by the interviewer without intellectual disability within a few days. The analysis showed that any response bias was unrelated to the characteristics of the interviewer – in most cases there was no response bias. The authors conclude that ‘people with an intellectual disability can be trained and supported to be competent data collectors and to hold positions of responsibility in the research process’. It should be noted, however, that the person selected as the interviewer for this study had a mild disability and therefore the conclusions cannot be generalised to others with differing degrees of intellectual disability.

Perry J and Felce D (2004) *Journal of Intellectual Disability*, 29 (2), 164-171.

**STUDY IMPLICATIONS:** *The possibility of individuals with mild intellectual disabilities being involved in research interviewing without leading to bias can be cautiously supported from this study. Further investigation with larger matched samples of interviewers and interviewees is required, together with more detailed consideration of the degree of intellectual disability than can be accommodated.*



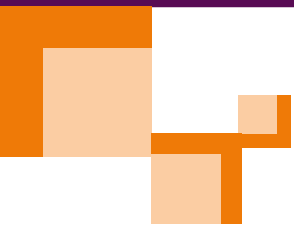
## CASE STUDY #6

### *Vocational rehabilitation for people with severe mental illness*

Repeated surveys have shown that, despite their illness, most people with enduring mental ill health wish to work. Traditionally it has been argued that individuals should be gradually prepared for work through a period of pre-vocational training and a range of training schemes have been established. An alternative approach is to place individuals immediately in employment but to provide ongoing support tailored to the individual. This systematic review compared the outcomes of the two approaches – pre-vocational training and supported employment. It identified eighteen studies which had used a randomised controlled trial approach for allocating individuals to the two approaches, with the primary outcome measure the number of individuals sustained in competitive employment. The review demonstrated that supported employment was significantly more effective than pre-vocational training. After eighteen months, for example, 34% of those who had entered supported employment were employed. For those on the pre-vocational route the figure was only 12%. Those in supported employment also earned more and worked a greater number of hours per month than those in pre-vocational training. A comparison was also made between pre-vocational training and standard community based care, with no evidence that the training was more effective in helping individuals to obtain competitive employment. A number of subsequent studies have confirmed the superiority of what has become known as the Individual Placement and Support (IPS) approach, most recently an international six centre trial as reported by Catty et al (2008) in the British Journal of Psychiatry, 192, 224-231.

Crowther R, Marshall M, Bond G and Huxley P, The Cochrane Library, 2001, Issue 2.

**STUDY IMPLICATIONS:** *There is very strong evidence of the superiority of supported employment over pre-vocational training schemes for individuals with mental ill health who are seeking to return to work.*



### CASE STUDY #7

*An experiment in family reunification: correlates of outcomes at one-year follow up.*

The failure rate following family reunification is high, with 20-40% of children who return home being removed again subsequently. In order to test the effectiveness of a family reunification service (FRS), a post test only experimental design was used. A group of children (n=57) whose families received the FRS was compared with a group of children (n=53) who received routine services. Both groups were randomly selected from a computer generated list. Inclusion criteria were in placement for more than 30 days; child would not have returned home without support; reunification was part of the case plan; child returned home to at least one parent; child was not assessed as being at risk following return home; child was not in specialised treatment programme. These criteria excluded just under 60% of the total population. Results reported by authors included a significantly shorter time from the beginning of the treatment period to return home for the FRS group, with 96% making a full re-entry to home care within the 90 day service period compared to 32% of the routine care group. The success rate of reunification however, showed little difference between the two groups once a child had returned, they were no more or less likely to remain regardless of which group they were in. The authors acknowledge the limitations of this study in terms of absence of long term data. While the more rapid return to home constituted a substantial saving in public expenditure (estimated at £10,500 per child compared to the routine care group), it was unclear whether these costs – should long term family breakdown or youth delinquency results more frequently in the FRS group – might be transferred to the juvenile justice or mental health systems.

Fraser, M. et al. (1996) *Children and Youth Services Review*. 18, 4/5: 335-361.

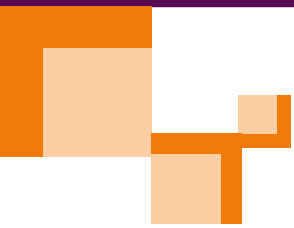
**STUDY IMPLICATIONS:** *The pilot service achieved more rapid reunification than standard care with corresponding savings. However, an absence of baseline data means we cannot be sure the groups were equivalent and the absence of follow-up data means we cannot be sure how long reunification lasted – costs would be greater, not lower, if breakdown was more common in the pilot programme group.*

**CASE STUDY #8***Effects of Nurse Home visiting on maternal and child functioning: age 9 follow up of a randomized trial*

This study examined the effects of prenatal and infancy home visits by nurses to women with previous live births and at least two significant risk characteristics seven years after the programme ended, when the children were aged two. 743 women, primarily black, at below 29 weeks gestation, were randomly assigned to programmes of home visits or comparison services. Outcomes measured included gap between first and second children; stability of relationship with partner and exposure to domestic violence; mother's use of welfare and employment; substance misuse, arrests and incarcerations; children's academic achievements; mental health and mortality. The intervention group were advantaged in a number of ways. Gaps between first and second births were longer as were relationships with current partners. Nurse visited children used welfare services for shorter periods of time and reported lower usage of drugs and alcohol. Their children suffered lower mortality and achieved better results in school. No differences were noted between the groups on mothers' arrests or incarcerations, levels of depression or periods of employment.

Olds, D.L. *et al.* (2007) *Pediatrics*. 120, e832-e845. The full document may be downloaded at: <http://pediatrics.aappublications.org/cgi/content/full/120/4/e832>

**STUDY IMPLICATIONS:** *The study provides strong evidence that a home visiting programme significantly advantages women and children in at risk situations and that the effects on both parties persist. However, the strength of the different effects varied and no differences between the groups were noted in relation to some outcomes. The study illustrates the importance of differentiating between different outcomes and noting which ones the intervention is more – and less – successful in achieving.*



### CASE STUDY #9

#### *Mental health and foster training*

This study sought to evaluate the impact of a foster parent training programme on children's emotional and behavioural functioning. Foster carers of 182 children in 17 Scottish local authorities were randomised to a standard treatment or extra training group. Outcome measures were child psychopathology, attachment disorder, self esteem and cost of care. Over 60% of children had measurable psychopathology at baseline. While training programmes suffered from low attendance – 52% – this was not an unusually low figure. The results were disappointing. In the intervention group, a parent reported reduction in measured psychopathology and attachment disorder of only 5% was achieved, increase of self esteem of only 2%, and costs increased by 22%. The study concluded that either the intensity, the length or the content of the training programme was insufficient to make a significant impact on the intensity of problems affecting the children.

Minnis, H. *et al.* (2001) *Archives of Disease in Childhood*. 84: 302-306.

**STUDY IMPLICATIONS:** *The programme failed. This might be attributable to the low attendance, the programme design or the magnitude of the problem. Identifying the factors most likely to make a difference is necessary before investing in extensive training programmes.*