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Children in out-of-home care
Settings, numbers and developments in the Netherlands

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Context: the Netherlands

› Dutch area: 41,543 km²

    (Norwegian area: 385,203 km²)

› Dutch inhabitants: 17.4 million

    (Norwegian inhabitants: 5.4 million)

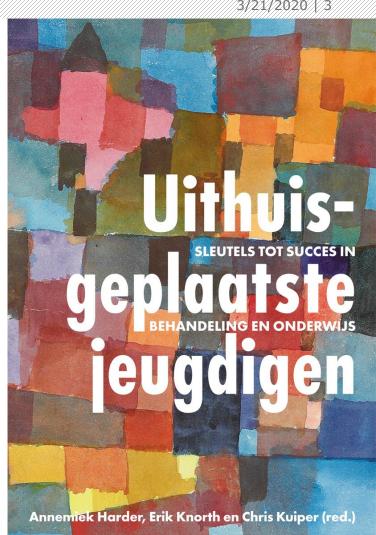› Dutch minors (0-17 years): 3.4 million → 19.5% population

    (Dutch minors + young adults (0-24 years): 4.9 million → 28.2%)

Main source of data

Harder, A., Knorth, E., & Kuiper, C. (eds.) (2020).

Children placed out of home:
Keys to success in treatment and education

Amsterdam: SWP Publishers (264 pages).

Child and youth care / treatment settings

› Generalistic

- Services by local teams or consultation centres in neighbourhood (prevention; light parenting support)

› Specialised, without out-of-home placement

- Ambulatory or outpatient services (at office service provider)
- Family/home-based services
- Day treatment
- School-based services

› Specialised, with out-of-home placement

- Family foster care ('ordinary', kinship or therapeutic foster care)
- Family-style group care
- Residential care ('ordinary' open residential care [incl. treatment units and training centres for independently living] or secured residential care)

Number of children using Child and Youth Care

Reference date: December 31

› 2015: 264.075 – 100%

› 2016: 279.620 – 106%

› 2017: 283.125 – 107%

› 2018: 308.735 – 117%

Conclusion 1: 9,1% of children are using CYC - Dec. 31, 2018

Conclusion 2: in 4 years an increase of 17%

Children in out-of-home care, Dec. 31, 2018

› Family foster care
   ('ordinary', kinship or therapeutic foster care)

› Family-style group care

› Open residential care
   ('ordinary' residential care, incl. treatment units and
   training centres for independently living)

› Secured residential care

› Total

› 17.460 (53%)

› 4.225   (12,8%)

› 11.345 (34,4%)

› 1.065   (3,2%)

› 32.940 (100%)

Developments in use of out-of-home care

Reference date: December 31

› 2015: 30.835 – 100%

› 2016: 33.940 – 110,07%

› 2017: 35.670 – 115,68%

› 2018: 32.940 – 106,83%

Conclusion 1: a strong increase between 2015-2017 (>15%)

Conclusion 2: generally, no decrease in out-of-home placements

Principles Youth Act 2015

› Child and family support as nearby and as early as possible

› Needs of the client (child, parents) are guiding

› Children's safety is crucial and comes first

› Normal life as much as possible (de-medicalisation, timely scaling down)

› Empowerment and solution-focused approach

› Engaging social network in child and family support

› Integrated approach (cooperation between agencies)

› One family – one plan – one director

› Adequate and fast specialised treatment if indicated (timely scaling up)

› Less bureaucracy; more space and training for professionals

› Evidence-informed practice (monitoring of and reflecting on outcomes)

Source: Van Rooijen (2017, p. 8)

Information re Matrix with questions on preferred placement option

Purpose of placement

Foster care

› " … creating a family situation as normal as possible, wherein the foster child can develop him/herself as good as possible in different domains of life. The placement can be *temporarily* (to assess if replacement is possible and - if so - to support the process) or *permanent* (if a placement back home is impossible)" (p. 18).

Residential care

› This type of intervention "… is about giving (*temporarily*) support 24 hours a day to childen and youth living in a group, to be provided by youth professionals. Care and supervision are aimed at the enhancement of a healthy and normal development of young people. A positive living climate is crucial. In addition, always treatment (re psychosocial problems of children and youth) will be provided."

Time frame (duration of placement)

Foster care

› Average FC: 26.5 months

› < 1 month: 11%

› 1-3 months: 13%

› 3-6 months: 11%

› 6-12 months: 15%

› 1-2 years: 15%

› > 2 years: 35%

Residential care

› Average ORC: 8.5 months

› Average SRC: 5.5 - 6 months

OFC ('ordinary' foster care)   ORC ('ordinary' residential care, incl. treatment units)
KFC (kinship foster care)   SRC (secured residential care)
TFC (therapeutic foster care)   FRC (forensic residential care)

Age of children/youth

Foster care

› 0-4 years of age: 15%
› 5-11 years of age: 40%
› 12-14 years of age: 19%
› 15-17 years of age: 20%
› 18 years of age a.o.: 6%

Residential care

Range

› ORC: 6-18 years of age (emphasis 12-18 years of age)
› SRC: 12-18 years of age
› FRC: idem

OFC ('ordinary' foster care)
KFC (kinship foster care)
TFC (therapeutic foster care)

ORC ('ordinary' residential care, incl. treatment units)
SRC (secured residential care)
FRC (forensic residential care)

Needs (problems) of children/youth

Foster care

Frequently observed problems:

- post-traumatic stress disorder (PTSD)
- maltreatment-related traumas
- behavioural probl.
- attachment probl.
- attention deficit probl.
- depressive moods
- drugs dependency

Residential care

Majority shows serious problems re 4 out of 5 areas:

- behavioural probl. incl. drugs (65%) and emotional probl. (40-50%)
- physical probl. like illness, inadequate self-care
- learning, attentional and social probl.
- family probl. like inadequate childrearing, relational probl., abuse/neglect, probl. parents themselves (100%)
- probl. with environment (school/work, peers, leisure time, social network)

Costs of placement

Foster care

› Reimbursement of foster carers per child amounts from € 6.900,- (child 0-8 years of age) to € 8.484,- (young person 18-20 years of age) per year.

› For children with a handicap an extra reimbursement of € 1.376,- is allowed.

› Costs implementation judicial measure (72% cases - for instance, supervision order) by social worker: ± € 10.300,- per year.

Residential care

› Costs stay in rc per child per year estimated between € 65.400,- and € 80.165,- (year 2011).

› Costs implementation judicial measure (> 50% cases - for instance, supervision order) by social worker: ± € 10.300,- per year.

Requirements staff / follow up

Foster care

› One foster carer should be at least 21 years of age.

› Foster carers preferably have followed an extensive training course (for instance the so-called STAP-training), and they need to be 'approved' by an assessment officer of the regional foster care organization.

› They need to agree with being supervised by an officer of the foster care organization.

› A 'certificate of incorporation' needs to be provided by the Council of Child Protection (RvdK) to the foster carer(s) and their/her/his biological children.

Residential care

› Staff should be registered in (or signed-up for inclusion in) the 'Stichting Kwaliteitsregister Jeugd' (SKJ – Quality Registration Youth) as a 'youth care worker' (higher education, Bachelor's degree) or a 'behavioural scientist in child and youth care' (academic education, Master's degree) and/or should be included in the BIG-registration (BIG means: Professions in Health Care), for instance as a health care psychologist.

Other requirements (services, security)

Foster care

› If a child is placed in therapeutic foster care (TFC) additional services (like psychotherapeutic support or special needs educational facilities) should be available

Residential care

› If a young person is placed in SRC or FRC expertise regarding the safeguarding of (other) children and staff should be available

OFC ('ordinary' foster care)
KFC (kinship foster care)
TFC (therapeutic foster care)

ORC ('ordinary' residential care, incl. treatment units)
SRC (secured residential care)
FRC (forensic residential care)

Potentially negative consequences / risks

Foster care

› Foster carers expectations too positive re development of the child.

› Foster carers could misinterpret quasi-adapted behavior ('shut off' coping) of (young) foster children (Van Andel et al., 2015).

› Foster carers are not able to communicate with the biological parents and create a (psychological) distance between them and the foster child.

› Foster carers are not able to have an open communication with the supervisor of the foster care organization.

› Rivalry between the foster child and the biological children of the foster carers.

› Risk of placement 'breakdown' with (older) adolescents.

Residential care

› Feelings of unsafety if the climate in the group is not open and too restrictive.

› Peer contagion (transfer of deviant behavior from one adolescent to another) if the living climate is not positive.

› Difficult for the child to bond with a care worker if he or she is only part-time available.

› High rate of staff turnover if the organization climate is not positive, i.e. supportive and affirming to team members.

› Creating (psychological) distance between children and parents if parents are not involved enough in the care and treatment process.

› Risk for developmental set-back if the termination of care is not well-prepared and aftercare is missing.

Positive consequences / protective factors

Foster care

› Being 'freed' from a neglecting, threatening and/or conflictful home environment.

› Feeling cared for by sensitive and responsive foster carers.

› Getting a chance to take up a normal developmental trajectory by being stimulated in all domains of being, i.e.

  • emotionally (personal attention)
  • cognitively (school and education)
  • socially (playing, friends)
  • morally (talks about wright and wrong)
  • physically (health care, sports)
  • practically (household etc.)

› Competent foster carers (try to) contribute to the foster child relating in a new way to the biological parents.

Residential care

› Being 'freed' from a neglecting, threatening and/or conflictful home environment.

› Feeling respected and stimulated in a positive living environment.

› Feeling listened to by sensitive and responsive residential staff / mentors.

› Building friendships and enjoying solidarity with peers (positive peer culture).

› In treatment sessions attention is paid to how to tackle persisting psychosocial problems like anxieties or traumas.

› Child is supported in learning new skills (in education, socially, in sports, creative skills).

› Chances can be created to relate in a new way to parents and family.

Placement option always preferred when …

Foster care

› Young(er) child (< 12), not showing (too) severe behavioural and/or emotional problems

› Child and parents consent to foster care placement

› If kin is available, then KFC; if kin is not available then OFC

› If behavioural and/or emotional problems are rather severe then TFC might be considered.

Residential care

› Older child or young person (≥ 12) who shows severe behavioural and/or emotional problems (like for instance, aggression, 'borderline behaviour', serious depression, disorganized attachment, severe psychiatric symptoms, deeply traumatized)

› If a young person is a danger to her/himself or others the preferred option is: SRC

OFC ('ordinary' foster care)
KFC (kinship foster care)
TFC (therapeutic foster care)

ORC ('ordinary' residential care, incl. treatment units)
SRC (secured residential care)

Placement option never preferred when ...

Foster care

› The child does not consent to a foster care placement

› The risks of a premature 'breakdown' of the placement (considering the problems and age of the child and the competences of the foster carers) are high

Residential care

› The child qualifies for family foster care or family-like group care

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