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Children in out-of-home care

Settings, numbers and developments in the Netherlands

Dept. of Special Needs Education and Youth Care

Erik J. Knorth

BUFDIR-project, Oslo, March 18, 2020



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)	› 17.460 (53%)
› Family-style group care	› 4.225 (12,8%)
› Open residential care (‘ordinary’ residential care, incl. treatment units and training centres for independently living)	› 11.345 (34,4%)
› Secured residential care	› 1.065 (3,2%)
› Total	› 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)



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 children 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



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



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



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 right 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



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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