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Published in:
The Oxford Handbook of Child Protection Systems

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Final author's version (accepted by publisher, after peer review)

Publication date:
2019

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Knorth, E. J., Bouma, H., Grietens, H., & López López, M. (Accepted/In press). The Child Protection System in the Netherlands: Characteristics, Trends and Evidence. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *The Oxford Handbook of Child Protection Systems* (pp. 294-315). Oxford University Press.

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The Child Protection System in the Netherlands: Characteristics, Trends and Evidence

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Final draft prepared for
International Handbook of Child Protection Systems
edited by
Jill Duerr Berrick, Neil Gilbert and Marit Skivenes
New York, NY: Oxford University Press

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The Child Protection System in the Netherlands: Characteristics, Trends and Evidence

Erik J. Knorth, Helen Bouma, Hans Grietens, Mónica López López

1 Introduction

The NPM-2017-study shows that an estimated 108.175 children and youth in 2017 have experienced maltreatment¹ (Alink, Prevoe, Van Berkel, Linting, Klein Velderman, & Pannebakker, 2018).² This amounts to 3,18% of minors.³ A distinction was made between five main types of maltreatment: emotional neglect (including educational neglect), physical neglect, emotional abuse, physical abuse, and sexual abuse. Table 1 shows the distribution on the different types of maltreatment. It is clear that educational/emotional neglect is the most prevalent (51.4%) and sexual abuse relatively the least (2%) observed type of maltreatment.

The research is based on (1) experiences with maltreatment of children put forward by professionals working in the youth sector (so-called sentinels or informants) and (2) reports by people concerned (family members, neighbours, teachers, etc.) offered to the Advice and Reporting Centers on Domestic Violence and Child Maltreatment (in Dutch: Advies- en Meldpunten Huiselijk geweld en Kindermishandeling, AMHK – see below). Compared with the first NPM-study conducted in 2005, which resulted in an estimated child maltreatment

¹ In the Youth Act 2015 child maltreatment is defined as “... every form of violent or threatening behaviour towards minors of physical, psychological or sexual nature. This behaviour is forced on minors (actively or passively) by their parents or others to which these minors are in a relationship of dependency and lack of freedom. This behaviour (threatens to) cause serious physical or psychological harm to the minor” (cf. Bonnet, 2016, p.63). Baartman (2009) suggests a definition which uses less ‘unnecessary’ terminology: “Child maltreatment refers to all actions by parents (or by others who have the same kind of relationship towards the child as parents) which form a serious harmful effect or threat for the child’s safety or wellbeing.” Witnessing domestic violence is also seen as a form of child maltreatment, usually categorised under emotional abuse or neglect.

² NPM means National Prevalence study on Maltreatment of children and youth. Based on a confidence interval (CI) of 95% the number of maltreated children and youth lies between 89.160 and 127.190. This corresponds with a range of 26 to 37 per 1.000 minors in the Netherlands.

³ By way of comparison, in the USA a percentage of 3,95 was assessed (Sedlak et al., 2010).

prevalence of 3% (Euser, Van IJzendoorn, Prinzie, & Bakermans-Kranenburg, 2010), and the second NPM-study conducted in 2010 and resulting in an estimated prevalence of 3.4% (Euser, Alink, Pannebakker, Vogels, Bakermans-Kranenburg, & Van IJzendoorn, 2013), the current 3.18% estimation hardly indicates a decline in numbers of maltreated children the child welfare policy is striving for.

Table 1

Estimated prevalence of child maltreatment per type of maltreatment, based on information provided by sentinels (professional informants) and by Advice and Reporting Centers on Domestic Violence and Child Maltreatment (AMHK)

Type of child maltreatment	Percentage
Educational/emotional neglect	51.4
Physical neglect	26.9
Physical abuse	7.9
Emotional abuse	10.5
Sexual abuse	2.0
Other types of abuse or neglect	1.4
Total	100

Source: Alink et al. (2018, p.35).

Research, based on *self-reports* by minors gives a somewhat different picture. Vink, Van der Pal, Eekhout, Pannebakker and Mulder (2016) ascertain that more than a quarter (26,7%) of the older students in primary education (11-12 years of age) by their own account have faced *once in their lives* one or more instances of child maltreatment, inside or outside their family. With young adolescents (13-16 years of age) the percentage is a little bit lower (24,7%) (Schellingerhout & Ramakers, 2017). If a stricter NPM-norm⁴ is being applied, the latter percentage drops to 6,5%. These figures show that only some of the children and young people who have experienced child maltreatment seem to be in the sights of professionals in child welfare and child protection.

The last point possibly applies still more to minors who have to deal with human trafficking/forced labor, including prostitution and pornography. In 2015 the number was computed as 2.500;⁵ a figure that matches 38% of all persons – children and adults – whom

⁴ This norm refers to child maltreatment that happened *only* in the child's own family and *only* during the last year.

⁵ This corresponds with 0.07% of all minors in 2015.

were estimated to be a victim (Cruyff, Van Dijk, & Van der Heijden, 2017). In almost 64% of all the cases ($N=6.600$) it concerns *sexual exploitation* (see also Paganini, 2018). Women/girls are, compared with men/boys, strongly overrepresented in the numbers (ratio 5:1).

Child protection also partly concerns children and youth who come in contact with judicial authorities because of criminal offenses. These authorities (Public Prosecution Department, Juvenile Court, Examining Magistrate) always have to be informed and advised by the Child Care and Protection Board (in Dutch: Raad voor de Kinderbescherming) what kind of settlement or punishment is considered most adequate *according to pedagogical standards* (RvdK, 2016). The number of minors who came in contact with judicial authorities in 2014 as a (registered) suspect of violation of law, amounted to 19 per 1.000 juveniles (12-18 years of age)⁶ (Van der Laan, & Beerthuisen, 2018, p.140). The number of offenders – the ones who actually are being punished – equated 7.3 per 1.000 juveniles (ibidem, p.147). In most cases (93%) a pedagogically motivated community service or training order was imposed or the delict was settled with a financial penalty (ibidem, p.78).

In the rest of this chapter we will focus on situations of (or threat of) child maltreatment. Thereby we will pay attention consecutively to the identification of and processing of reports on child maltreatment, the services for these children and families, arrangements for service delivery, and the evidence base on outcomes of interventions being applied. We conclude with some take home messages.

2 Identifying child maltreatment and investigating reports

2.1 Principles

Article 2.1 of the Dutch Youth Act 2015 (Simons, Meertens, & Tielen, 2015) presents the basic principles on which child protection and youth care have to be based. These basic principles are: 1) prevention, early identification and intervention regarding parenting problems, psychological problems and disorders, 2) de-medicalization and normalization by

⁶ The juvenile justice system only applies to minors who - during the commission of an offense - are *12 years or older*. Below the age of 12 no criminal prosecution is possible. If a child younger than 12 years of age commits a serious crime or reoffends, according to Civil Law the Child Care and Protection Board will be involved to contact with the child and his/her parents or caretakers (cf. RvdK, 2016, p.5).

strengthening the child-rearing environment, 3) improvement of the parenting skills and the social network, 4) using, redressing and strengthening the problem-solving abilities of youth, parents, and their social environment, 5) promoting the safety of the child-rearing environment, 6) integral support for families according to the principle ‘one family, one plan, one director’ to realize better cooperation around families, and 7) arranging and executing of family group plans and arranging support according to these plans (Ministry of Health, Welfare and Sport et al., 2014).

The principles regarding early detection of problems (#1) and promoting the safety of the child (#5) are very important in the context of child protection. In accordance with the United Nations Convention on the Rights of the Child (UNCRC), the government, and therefore the *municipalities* (which are responsible for the provision of services and the outcome of help), have an important task in providing safety if parents are not able to do this appropriately.

2.2 Prevention, child and youth care, child protection, and juvenile rehabilitation

The child welfare system consists of many institutions covering different layers of care, such as prevention, voluntary support, and compulsory measures. Within the Youth Act 2015, the child welfare system is divided into prevention and child and youth care. Besides these two types of care, child protection measures and juvenile rehabilitation are responsibilities of the municipalities (Simons et al., 2015).

Prevention and early intervention through *parenting support* have high priority in order to prevent the need for a more expensive and specialized care (like, for instance, child protection measures) (EM [Explanatory Memorandum] Youth Act, 2013, chapter 3.2). This support is offered on a municipal level by, for example, so-called Youth and Family Centers, local teams (in Dutch: *wijkteams*), health care and welfare agencies, child day care centers, and schools. Examples of parenting support are informal exchange of knowledge within the social network, the provision of information by media, home visits, and parenting courses.

In cases in which prevention is not enough, municipalities have to offer *child and youth care*. This includes light, primary support which is freely-accessible, as well as more intensive, specialized support which is not freely-accessible. The primary support includes at-home support, light ambulant treatment, and advice regarding the not freely-accessible, more intensive child and youth care. The provision of information and advice by the *Child Helpline* (in Dutch: *Kindertelefoon*) is another example of this primary support. Specialized child and youth care includes, among other, intensive ambulant care and residential services. The

municipalities have to decide on the thresholds between the freely-accessible and not freely-accessible types of child and youth care, so this can differ per municipality (Meima & Van Yperen, 2013).

Furthermore, municipalities are responsible for *child protection measures* and *rehabilitation of juveniles*. In case a child protection measure is enforced, a municipality has to look after a sufficient supply of certified agencies regarding guardianship (see below), which have to execute the child protection measures (Article 2.4 Youth Act). Cooperation between municipalities i.e. the local authorities is possible, for example to guarantee the supply of certified agencies and the provision of specialized care and treatment (EM Youth Act, 2013; chapter 3.8).

2.3 Assessment and referral⁷

The Dutch child protection system is part of the broader youth care system, which recently changed under the Youth Act 2015. In cases of child maltreatment, the municipalities are responsible for identifying, investigating, treating and monitoring these cases. The Act ‘Compulsory Reporting Code Domestic Violence and Child Maltreatment’ (briefly: Reporting Code) aims to improve the identification of child maltreatment. After reporting, the AMHK plays an important role in investigating maltreatment and referring children to voluntary care. The Child Care and Protection Board (CCPB) and Juvenile Court become involved in investigating and deciding whether involuntary, compulsory child protection measures are necessary, which fall under Civil Law. Moreover, within Criminal Law, the police and Public Prosecution Service can be involved in prosecution of perpetrators.

2.3.1 Reporting Code

Although there is no mandatory reporting in the Netherlands, the Reporting Code obliges professionals working in health care, education, day care, social support, child and youth care, and justice (e.g. residential care and the Central Agency for the reception of asylum seekers) to implement a reporting code in their organisations (cf. Rijksoverheid, 2019; Rijkskamp, Dekker, & Roggen, 2013). The Dutch government offers a conceptual model with five basic steps: 1) clarify the signals; 2) consult a colleague and, if necessary, consult the AMHK or an expert on injury interpretation; 3) talk with the client; 4) assess violence or child

⁷ This paragraph is mainly based on Bouma, López López, Knorth and Grietens (2016).

maltreatment; and 5) decide: provide support or report to the AMHK. The Reporting Code is not only applicable for professionals working with children, it also includes the ‘child check’ for professionals working with adult clients. This implies that professionals have to examine whether their clients have children and whether the physical or mental well-being of their clients could be a risk for the safety or development of the children.

2.3.2 AMHK

Everyone who has concerns about child maltreatment, for example neighbours, teachers, parents, or professionals, can contact the AMHK. Someone can call for advice or report a case of child maltreatment. When someone calls for *advice*, the AMHK makes recommendations to the caller; this can be a single advice or follow-up advice. When the caller *reports* a case to the AMHK, the personal details of the reported family will be registered; this is only the case for a report. However, when someone calls to ask for advice, but the professional of the AMHK has serious concerns about the case, the professional can ask the caller to report the case. To undertake action, an official report is necessary. When the caller does not want to report the case, the AMHK can decide to report the case themselves. The opposite is also possible: a report can be registered as an advice when there are insufficient indicators for suspicions of child maltreatment and/or when the reporter did not use all the resources to change the situation (Baeten, 2014).

The AMHK discusses each report in the *triage*: a peer consultation or multi-disciplinary consultation in which the professionals decide on the priority of the report, the required next steps, and who will have the responsibility for these. The three main decisions that are made after a report are: (1) to refer the case to social care services already being accessed, (2) to arrange new social care services, or (3) to start an *investigation* by the AMHK. The *criteria* used by the AMHK to decide on the next steps are presented in Figure 1, a translation of the guidelines set up by the VNG (Association of Netherlands Municipalities). The investigation aims to examine if child maltreatment is present and which next steps are required. The AMHK can decide that no (further) support is needed, that the family should be referred to social care services, or that an investigation by the CCPB is needed (Baeten, 2014).

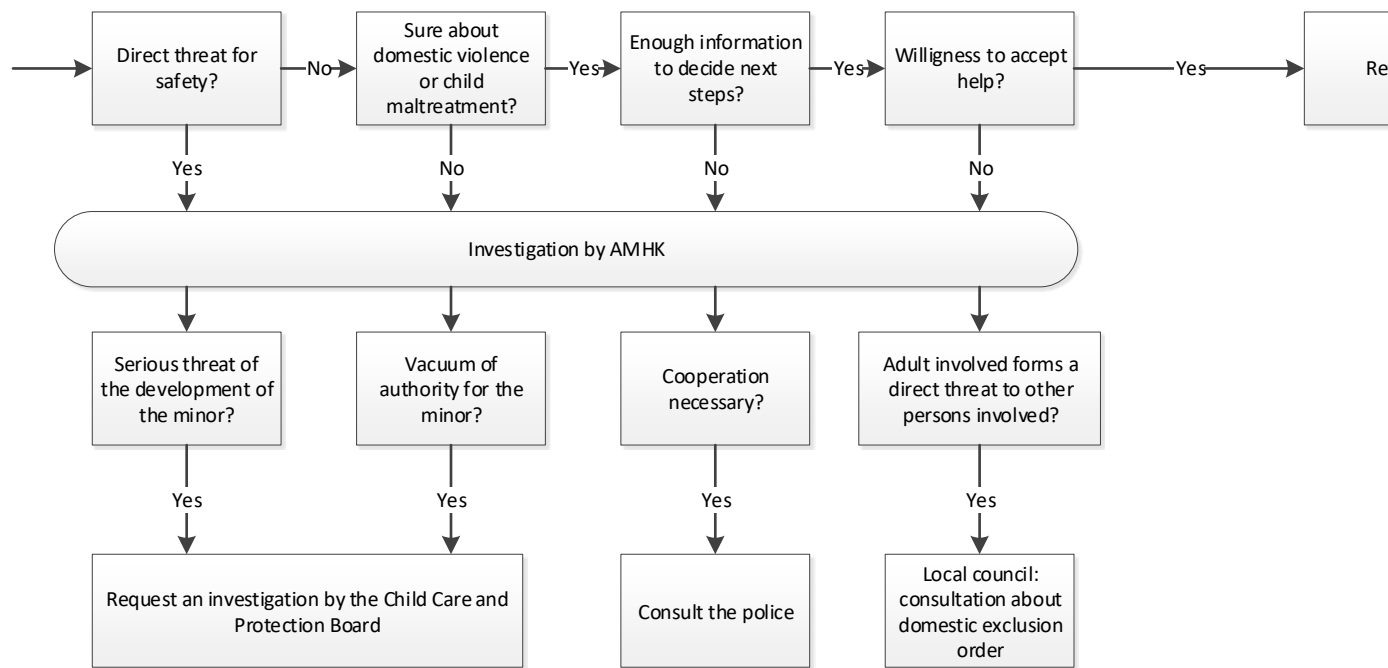


Figure 1. Criteria used by the AMHK to decide on the need for and processing of an investigation in a case of suspected or reported child maltreatment (Baeten, 2014, p.21)

2.3.3 Child Care and Protection Board

The CCPB is nationally organized and falls within the Ministry of Justice and Safety. Executing the child protection investigation is one of the several tasks of the CCPB: it is also involved in investigations regarding custody, juvenile justice and adoption (RvdK, 2015a). Here, the focus will be on the child protection investigations of the CCPB.

Whereas everybody can report to the AMHK, this is not the case for the CCPB. As already mentioned, the AMHK can request that the CCPB starts a child protection investigation. Besides the AMHK, certified agencies and local authorities are authorized to request that the CCPB investigates a case. Also, the CCPB itself can decide to start a child protection investigation for cases in which they are involved for other types of investigations, such as a custody investigation (see Figure 2). Only in exceptional cases, in acute and serious threatening situations, can anyone report cases to the CCPB (Youth Act, article 3.1; RvdK, 2015a). These requests need to be substantiated with documents in which previous voluntary support is described and why this voluntary support did not have enough impact or did not work. Furthermore, the social network of the family and its support must be described in the request (RvdK, 2015b).

The incoming requests are assessed by the Advice Teams of the CCPB, which have existed since 2015. These teams decide if the CCPB should start an investigation. Furthermore, the parties mentioned above can discuss a case with the Advice Team if they are considering whether to request a child protection investigation. Involving the CCPB as an advisor in an earlier stage aims to prevent the necessity of involuntary child protection measures (RvdK, 2015b).

When the CCPB starts an investigation, this should be executed according to the principles and guidelines as described in their Quality Framework and their Protocol for Protection Cases. An important issue is that the best interest of the child should form the basic principle in a child protection investigation; the investigation needs to focus on the (physical) safety and the development of the child. During the investigation, the family situation of the child is examined through conversations with the child, parents and other persons involved in the family. The investigation is concluded with a report including information on the development of the child, the child rearing situation, the (child rearing) situation of other children in the family, risk factors and protective factors relating to the child and the family, and relevant information from other persons, such as teachers or social workers working with the family (RvdK, 2015a, 2015b).

Based on this investigation, the CCPB decides whether an involuntary child protection measure is necessary. When the CCPB decides that no child protection measure is needed, they refer the family to a local authority without interference of the Juvenile Court. However, when the local authority still has serious concerns and thinks a child protection measure is necessary, the burgomaster can request that the Juvenile Court enforces a child protection measure (RvdK, 2014). When the CCPB believes that a child protection measure is needed, the CCPB advises the Juvenile Court to enforce this (RvdK, n.d.).

Besides their advising and investigating role, the CCPB has an assessing and supervising role. When the Juvenile Court enforces a child protection measure, the certified agencies are responsible for the delivery of these measures. These agencies can request that the Juvenile Court ends or extends a child protection measure. The CCPB has to assess these requests, substantiated by a report of the certified agency (RvdK, 2015b).

2.3.4 Juvenile Court

Only the Juvenile Court can actually enforce a child protection measure. In making its decision, the Court uses the report and considers the advice of the CCPB. However, the Court is not obliged to follow the advice given. Besides this report, the Juvenile Court talks with the

parents involved and children older than 12 years. They can call up children younger than 12 years or these children can request a consultation (Topberaad Jeugd, 2014). The Juvenile Court can enforce two main child protection measures: enforcing a supervision order, with or without an out-of-home placement of a child, and overruling parental authority (RvdK, 2015a).

2.3.5 *Certified Agency*

The enforced child protection measures have to be performed by certified agencies (CA) (Youth Act, 2014, article 3.2). The requirement of certification has existed since 2015, aiming to improve the quality of the execution of child protection measures. To become certified, an agency has to meet several legal requirements, related to expertise, methods, interventions, organization and processes and cooperation with other agencies. Following the decision of the Juvenile Court, the CCPB transfers the case to the CA. Within the CA, a (*family*) guardian is appointed. This guardian gives the family and the social network of the family the opportunity to set up a plan to ensure and to improve the safety and development of the child. After this, a strategy will be determined in a multidisciplinary meeting. During the execution of this plan and strategy, progress will be constantly monitored (Simons et al., 2015). Furthermore, the guardian decides which type of youth care is necessary. However, the CAs are not allowed to offer regular youth care themselves; this support has to be delivered by other agencies or organizations. Guardians of CAs are mainly case directors instead of social care providers; they can decide which type of youth care is needed and they can, in cooperation with the municipality, arrange this (EM Youth Act, 2013, articles 3.2 and 3.4).

2.3.6 *Police and Public Prosecution Department*

The police and the Public Prosecution Department (*Openbaar Ministerie*) can be involved in cases of child maltreatment in several ways. Guidelines have been drawn up regarding cooperation between the AMHK and the police, aiming to improve safety (Pattje, 2015; Topberaad Jeugd, 2014). The AMHK always requests information from the police about the persons involved in a report (Pattje, 2015). The police can also get involved during the triage and investigation, to improve the safety of the child. This is mainly done in cases of severe child maltreatment (i.e. physical abuse or neglect, sexual abuse, honour related violence, circumcision of girls, forced marriages). Another reason to involve the police is when the AMHK has serious suspicions about the criminal behavior of one of the persons involved (Baeten, 2014).

Besides this, the police can report cases to the AMHK. The police often encounter cases in which children live in alarming circumstances. This can include directly threatening situations in which the child is a victim of child maltreatment, children witnessing domestic violence, children who have run away, or cases of prostitution. Furthermore, the police have a method for detecting risky child rearing situations for children younger than 12 years old (ProKid) (Topberaad Jeugd, 2014). Using this method, the police report cases of witnessing domestic violence or criminal behaviour of children younger than 12 years old (Pattje, 2015).

Besides the police, the Public Prosecution Department has a role in the chain of child protection. First, they can ask the Juvenile Court to enforce a child protection measure; for example, in addition to a punishment regarding juvenile rehabilitation or when parents are detained (Topberaad Jeugd, 2014). Furthermore, the Public Prosecution Department is involved in the criminal justice aspect of child maltreatment. They search for a way in which Criminal Law can contribute to long-lasting improvements and a safer life for the child (OM, n.d.). In considering the use of criminal law, they cooperate with several agencies, such as the CCPB. In determining the sanction, the protection of the child forms the basic principle. Furthermore, support for the family and possible other civil decisions are considered (OM, 2016).

Figure 2, derived from the HESTIA international research program on child welfare states (HESTIA, 2016), provides a schematic overview of the Dutch child protection system.

< insert Figure 2 (separate document in PDF) >

2.4 *Child protection measures*⁸

In the Netherlands, the Juvenile Court is the institution that can enforce compulsory child protection measures. For this purpose, the Court uses the investigation report and the advice formulated by the Child Care and Protection Board (CCPB, see below). Yet, the Court is not obliged to follow this advice. The following two main measures can be imposed: 1) a (temporary) supervision order, with or without an out-of-home placement of the child, and 2) the suspension or ending of the parental authority.

⁸ This paragraph is partly based on López López, Bouma, Knorth and Grietens (2019, p.186 ff.).

Supervision order/family guardianship. In the case of a supervision order, the authority of the parents is restricted and partly taken over by an official family guardian from a certified agency; the parents remain responsible for the care of their child, but they are obliged to follow the advice of the guardian. In addition, an out-of-home placement is possible during a supervision order (EM Youth Act, 2013; chapter 5.2). The Court can enforce a supervision order when a minor's development is threatened, when the required support to take away this threat is not accepted sufficiently, and when it is expected that the (authorized) parents are able to accept the full responsibility of child-rearing again in a longer term (BW,⁹ book 1, article 255). The maximum length of a supervision order is one year. However, until the child is 18 years old, this can be prolonged by the Court every year (BW, book 1, articles 258, 260). In cases of real and immediate danger and where there are substantial grounds for a supervision order, a *temporary* supervision order and a temporary out-of-home placement can be enforced. This measure makes immediate action possible and can last at most three months (BW, book 1, article 257).

Ending parental authority/guardianship. Besides enforcing a supervision order, the Juvenile Court can end parental authority. This can be done when parents make improper use of their authority or when the development of the child is seriously threatened and parents cannot be responsible for raising and caring for their child (BW, book 1, article 266). When this measure is enforced, a guardian is appointed and the child is placed out-of-home (EM Youth Act, 2013; chapter 5.2). This measure is also applied if unaccompanied minor refugees enter the Netherlands (Zijlstra, Rip, Beltman, Van Os, Knorth, & Kalverboer, 2017). Besides a definitive overruling of parental authority, it is possible to *temporarily* suspend the parental authority, partially or totally, for a certain period of time, no longer than three months. This measure is used, for instance, when a parent does not give permission for the child to receive necessary health treatment, as is the case for some orthodox religious groups in the Netherlands (BW, book 1, article 268).

Below (see Table 2) the types and numbers of child protection measures have been mapped, covering the most recent information (CBS, 2018a). The total number of supervision orders at December 31, 2017, was 20,600. The number includes temporary supervision orders which form only a small part (1.6%) of the total. Compared to 2016 the number of 'regular' family guardianships hardly changed (decrease 0,1%). The number of cases whereby the parental

⁹ BW = Burgerlijk Wetboek (Civil Code)

authority was ended at December 31, 2017, amounts to 10,075. This number includes also temporary guardianships, which represents 130 children or 1.3% of the total number. Compared to 2016 the number of ‘regular’ guardianships hardly changed (increase 0.3%). Taking both types of measures together, Table 2 shows that 30,675 children had to do with compulsory child protection measures at the end of 2017, corresponding with approximately 0,91% of all minors at that point in time (CBS, 2018c). Of these children 64% were (temporarily) placed out of home, i.e. they stayed in family foster care (41%) and/or residential child care (33%) (CBS, 2018a, p.10).

Table 2

Number of applicable child protection measures at the end of 2016 and 2017

Type of child protection measure	2016 (December 31)		2017 (December 31)	
	number	percentage	number	percentage
<i>Supervision order (family guardianship)</i>	20.460	100.0	20.600	100.0
Regular	20.145	98.5	20.270	98.4
Temporary	315	1.5	330	1.6
<i>Ending parental authority (guardianship)</i>	9.895	100.0	10.075	100.0
Regular	9.740	98.4	9.945	98.7
Temporary	155	1.6	130	1.3
<i>Total number of child protection measures</i>	30.355	100.0	30.675	100.0

Source: CBS (2018a, p.6).

Looking at a longer period of time (2007-2017) the number of supervision orders has substantially decreased: at the end of 2007 still some 30.000 family guardianships (supervision orders) were in force. However, during the same period the number of guardianships rose; in 2007 ‘only’ a bit more than 5.000 cases were registered (CBS, 2018b, p.7). A main reason for both trends has to do with the implementation of the so-called ‘Delta methodology’ (*Deltamethode*). According to this methodology a supervision order should be seen as a temporary, short-lived measure that needs to be substituted by the more permanent measure of guardianship if parents do not show changes in their behavior in the short term (Bakker, 2018, p.11; see also Smit, Van den Tillaart, & Snijdwint, 2015). Another reason for the second trend has to do with the rising number of unaccompanied minor refugees – in need of a guardian – entering the Netherlands the last ten years (Zijlstra et al., 2017).

3 Services for maltreated children and their families

3.1 Support after an AMHK investigation

In 2017, a total of 77.500 cases were registered by the AMHKs calling for advice (CBS, 2018a, p.22 ff).¹⁰ In roughly three quarters of these cases the concerns related to children. The number of finalized investigations in that year amounted to 14.700 cases. More than a third (35%) of investigated cases were referred to local services like social work, Child and Family Centers or local teams. In 11.4% of the cases there was already support for the family. Other organizations that were engaged were certified agencies for guardianship (8.9%), child and youth care providers (7.7%), the Child Care and Protection Board (7.4%), general practitioners (6.8%), and child and adolescent mental healthcare providers (3.7%). In 11.1% no support seemed needed.

3.2 Support after a child protection measure

During the year 2017, for 39.410 minors a child protection measure was applied.¹¹ In addition to protection services, about 80% received a form of child and youth care (CBS, 2018b, p.10). In table 3 the numbers of children related to the different types of support and care they received are presented. What can be seen is that almost two thirds of the children (63,9%) experienced an out-of-home placement; a bit more often in family foster care than in residential care. Still more children (69.6%) received a form of ambulatory or home-based services – mostly provided by social or mental health care organizations, less often by local teams or day treatment services.

Considering a policy to avoid out-of-home placements as much as possible (Knijn & Van Nijnatten, 2011; López López et al., 2019), with more than 20.000 placements (which corresponds to 45 per 10.000 minors) the Netherlands is not exactly the champion of family preservation in a Western-European context. Actually, the number rises to 75 per 10.000

¹⁰ Because the monitoring by the AMHKs is not yet 100% reliable, numbers in this subsection are only estimates.

¹¹ This number differs from the number presented in table 2. The table refers to one specific moment in time (2017 December 31st), while here the number refers to all cases under protection during the whole year of 2017.

minors if voluntary placements are also counted (Knorth, Evenboer, & Harder, 2016, p.198). Compared with the European range – with Italy on the lower side (38 per 10.000), and Denmark and France at the upper side (102 per 10.000) (cf. Thoburn, 2010, p.36) – the Dutch placement rate lies somewhere in the middle.

Table 3

Number of children (0-17 years) with a child protection measure during 2017, who also receive a form of child and youth care

Type of care	Number of children	
	Frequency	Percentage
<i>Child and youth care (total)</i>	<i>31.515</i>	<i>100.0</i>
<i>Child and youth care - without out-of-home placement</i>	<i>21.930</i>	<i>69.6</i>
Ambulatory or outpatient services	14.730	46.7
Family/Home-based services	8.075	25.6
Services by local teams in neighbourhood	4.960	15.7
Day treatment services	1.990	6.3
<i>Child and youth care - with out-of-home placement</i>	<i>20.135</i>	<i>63.9</i>
Family foster care	13.285	42.2
Open residential group care	6.430	20.4
Open residential family-like care	2.375	7.5
Closed residential care	1.630	5.2

Note: Because children can be served by more than one type of provision at the same time and / or consecutively during the year, numbers do not sum up to 100 percent.

Source: CBS (2018b, p.10).

The policy under the Youth Act 2015 is not only directed towards reducing the number of out-of-home placements but also – thereby underlining the need for *normalization* of the lives of children and families in care (RMO, 2012) – towards decreasing the use of specialized psychosocial services. Instead of those more expensive services clients should primarily be served on the level of their neighbourhood or (small) municipality by ‘local teams’, mainly staffed by social workers. However, Table 3 shows that specialized services are still much more popular compared with local teams for compulsory child protection cases.

In recent research by Friele and colleagues (2018, p.267) roughly 80% of the interviewed parents ($N=239$) would *not* contact a local team in case of concerns about the upbringing of their children. Instead, more than two thirds would consult a general practitioner; a discipline known as the main referrer of clients to specialized mental healthcare services (Nanninga, Jansen, Knorth, & Reijneveld, 2018). So the ‘normalization policy’ of the government is not as successful as hoped for.

4 Arrangements for delivery of services

4.1 Responsibilities

Assessment, support and treatment services are most often provided to children and families by local or regional agencies such as AMHKs, certified agencies, local teams, social and mental health care organizations or individually operating professionals; actors that receive their funding from the municipality where the client is registered. For cases that may require more intrusive interventions like an out-of-home placement, the Child Care and Protection Board is the responsible national authority. Fluke and Merkel-Holguin (2018, p.2) characterize this organization model as hybrid, because it combines nationally centralized functions with localized services.

Within the Child Care and Protection Board an *Advice Team* decides whether a child protection investigation by the Board is necessary. Since 2015, such Advice Teams have been established in each region ($N=16$). In these teams, selection is done, advice is given and decisions are made whether a CCPB-investigation seems to be necessary. In this way, the Board is available for consultation by municipalities, agencies offering voluntary care, certified agencies, and AMHKs. They can consult the Advice Teams when they consider the necessity of involuntary child protection measures. This aims to, when possible, prevent the necessity of forced care (RvdK, 2015a, 2015b; Topberaad Jeugd, 2014).

4.2 Access and finances

Municipalities have the responsibility to organize *access* to care for children and youth. In every municipality there is a primary point of contact or a ‘counter’, often linked to a local social team, which has the mandate to advise and/or support children and families seeking

help. In case of more complex concerns (like most protection cases) the municipalities can optionally involve regionally organized, multidisciplinary teams of experts to get additional advice.

The municipalities can decide themselves what part of the yearly *budget* goes to child/youth care and protection services; the lump sum payment¹² they receive from the central government – based on demographic criteria (like number of children and youth in the municipality, number of single-parent households) – is not earmarked and can partially be used for other purposes (like, for instance, the maintenance of a swimming pool). The idea is that in this way ‘custom-made services’ can be delivered (Simons et al., 2015). In reality the sharing model creates legal inequality because the number and quality of services available depends on the priority that is being attributed to child/youth care and protection by the local administration. Research shows that substantial financial gaps have developed; many municipalities do not offer enough services considering the number and needs of clients (Kinderombudsman, 2015; Knorth, 2017; VNG, 2019). As a result, children and parents do not receive the professional support they need in due time.

4.3 Role of clients

Policymakers in the Netherlands are increasingly focusing on the participation of children in the child protection system. Embedding children's participation in legislation and policy documents is an important prerequisite for achieving meaningful participation in child protection practice. In a recent study (Bouma, López López, Knorth, & Grietens, 2018), the participation of children in the Dutch CPS under the new Youth Act 2015 was critically analyzed. National legislation and policy documents were studied using a model of ‘meaningful participation’ based on article 12 of the UNCRC. Results show that the idea of children's participation is deeply embedded in the current Dutch CPS. However, Dutch policy documents do not fully cover the three dimensions of what is considered to be meaningful participation for children: *informing*, *hearing*, and *involving* them. Furthermore, children's participation differs among the organizations included in the child protection chain. A clear overall policy concerning the participation of children in the Dutch CPS is lacking.

¹² The budget available for child/youth care and protection services in all 355 Dutch municipalities jointly amounted in 2017 to € 3,5 billion (VNG, 2019). This corresponds with 4,6% of the budgeted care expenses by the government for that year (*Miljoenennota 2017*).

Some recent studies were performed in the Netherlands on experiences with the *actual participation* of children in decision making in child protection and child welfare cases (Van Bijleveld, Dedding, & Bunders-Aelen, 2014), and in out-of-home care provisions (Ten Brummelaar, Knorth, Post, Harder, & Kalverboer, 2018; Zeijlmans, López López, Grietens, & Knorth, 2019). One consistent finding is that children's participation in decision making is far from a matter of course. A second finding is that the role of the practitioners, especially their attitudes on child participation, is pivotal. This was also seen in an international comparative vignette study wherein the Netherlands was one of the four participating countries (Benbenishty et al., 2015). According to that study, in comparison with the other three countries, child protection and welfare professionals in the Netherlands appeared to attach the least importance to child and parent participation in decision making in a case of suspected child abuse.

Considering the role of *parents* a qualitative interview study (N=20) revealed that serving the best interests of their child is most important to parents involved in the child protection system. To realize this, parents agree professionals should 'not let it all happen' but do something by being decisive, making concrete agreements, and assuring collaboration between all agencies involved. In addition, professionals should get a clear picture of the situation by determining the truth and looking further than their first ideas. And they should take them seriously by acting on what they tell, providing empathy and support, and being clear and honest towards them. Parents emphasize that a system providing sufficient resources is needed to enable professionals to ensure this. They have mixed experiences (positive and negative) with the system and their experiences seem to influence their trust in the system and their attitude towards it (Bouma, Grietens, López López, & Knorth, 2019). Comparable results can be found in other studies (see, for instance, Arbeiter, & Toros, 2017; Healy, Darlington, & Feeney, 2011; Smithson, & Gibson, 2017).

5 Evidence on outcomes

In one of the few studies available in the Netherlands on outcomes of child protection measures and interventions, especially by measuring the *concerns* regarding children and families after two years support with a supervision order (N=103), it was found that in 28% of the cases the concerns had declined substantially (i.e., were more or less solved), in 38% concerns were still the same, and in 33% the situation got worse (Slot, Theunissen, Esmeijer,

& Duivenvoorden, 2001). Support consisted of ambulatory or family/home-based services (68%) and/or placement of a child in residential (39%) or family foster care (27%). By way of comparison, a more recent study which covered not only protection cases but tackled the broader field of child and youth care (CYC) and child and adolescent mental healthcare (CAMH) in the Northern part of our country (N=1.378) showed that problems in the domain of *parenting* were solved after one year of support in 38.5% (CYC) resp. 44.5% (CAMH) of the cases, while *family problems* were solved in 40.5% (CYC) resp. 42.3% (CAMH) of the cases (Nanninga, Jansen, Knorth, & Reijneveld, 2018). So where the ‘problem solution rate’ in child and adolescent social and mental healthcare lies around 40% after one year, in child protection it lies around 30% after two years. Both numbers, although not precisely comparable, give an indication that finding durable solutions for psychosocial and maltreatment problems of *all* vulnerable children and families is quite difficult to achieve (see also Knorth, 2016).

The dominant type of professional support provided is ambulatory and family/home-based services (cf. Table 3; see also Van Rooijen, Berg, & Bartelink, 2018). Considering these types of professional support a recently published review on the effects of interventions for families with multiple and complex problems seems relevant. This study by Jansen, Reijneveld and Evenboer (2019) reveals that from 2005 to 2018 eleven family-focused interventions have been empirically evaluated quite thoroughly in a Dutch context – some of them developed outside¹³, some of them inside the Netherlands.¹⁴ Effect-sizes for children’s behavioral problems and perceived levels of stress in parents varied, from small (< .20) to large (> .80), with the best and most consistent outcomes for ‘Multisystemic Therapy’ (see also Asscher et al., 2014) and ‘Families First’ (see also Veerman & De Meyer, 2015). Especially the latter intervention has been applied very frequently, not the least while its main aim corresponds well with a policy of avoiding out-of-home placement of children.

Another (international) systematic review specifically addressed child outcomes, including continued child maltreatment and out-of-home placement after a period of intensive home-based family intervention (Van Assen, Knot-Dickscheit, Post, & Grietens, 2019a). Child maltreatment relapse rates vary between 6.5% and 40% (ibidem, p.342). The number of out-

¹³ It concerns: Parent Management Training Oregon (PMTO), Multisystemic Therapy (MST), Multidimensional Family Therapy (MDFT), Families First (FF), Functional Family Therapy (FFT), Triple P level 4-5 (TP4-5), and Stepping Stones Triple P (SSTP).

¹⁴ It concerns: Intensief Ambulante Gezinsbegeleiding (IAG), Gezin Centraal (GC), Tien voor Toekomst (TvT), and Praktische Pedagogische Gezinsbegeleiding (PPG).

of-home placements amount to 24.2% one year after termination of professional family support. By way of comparison, in the USA this number is 20.8% (ibidem, p.343). As a general finding the research team concludes that many children still show substantial emotional and behavioral problems after the intervention has stopped. They stress that more focused attention should be paid to children in addition to the attention already paid to the parents. Research on a Dutch program (called ‘Child and Youth Coaching’), specifically addressing this goal, is currently ongoing (Van Assen, Knot-Dickscheit, Post, & Grietens, 2019b).

6 Conclusions and discussion

Summarizing some main findings we conclude that

- the rate of child maltreatment hardly changed since 2005 and most recently was estimated by sentinels and AMHKs to be 3.18% of Dutch minors – prevalence rates based on self-reports seem to be quite a bit higher;
- the number of supervision orders has substantially decreased between 2007 and 2017, the number of guardianships however rose in the same period of time;
- more than a third of the families - after an AMHK investigation - was referred to local services like social work, Child and Family Centers or local teams;
- in contrast with national policy during many years, the number of compulsory child protection cases referred to specialized social and mental healthcare services did not decrease, they rather increased;
- compared with other Western European countries the Dutch rate of out-of-home placements of children seems to lie somewhere in between the poles;
- as a result of financial gaps at the level of responsible municipalities children and parents do not always receive the professional support they need in due time;
- although promoted in official policy documents the meaningful participation of children and parents in decision making on maltreatment investigations and planning of/implementing professional support is not fully realized;
- research shows that finding durable solutions for psychosocial and maltreatment problems for *all* vulnerable children and families is quite difficult to achieve;

- there are indications that one reason for enduring psychosocial problems of children is that home-based family interventions – mostly applied in the Netherlands – do not pay so much attention to the children involved.

Considering these findings two main topics for reflection arise: 1) the prevalence of child maltreatment, including assessing and deciding on it, and 2) the quality and outcomes achieved with eligible interventions.

Given the fact that the number of identified maltreatment cases seems relatively constant and furthermore a lot of cases stay hidden for professionals working in child welfare, health care and educational settings, questions can be raised regarding the quality of arrangements that aim for early detection of children at risk of maltreatment. As described, the *Reporting Code* obliges professionals to act according to a clear-cut protocol. The Code is not only applicable for professionals working with children, but it also includes the ‘child check’ for professionals working with adult clients. How well this is implemented in daily practice and what potential obstacles for valid identification of maltreatment (risks) are in order is under-researched (Van Rooijen et al., 2018). Illustrative is a study in day care centers in Amsterdam. It showed that in 82% of the 56 participating locations workers had concerns about children, but did *not* as a matter of routine link this to the possibility of child maltreatment (Leyen, Stelk, & Isaac, 2015). In contrast with this example of ‘underdiagnosis’ a study by Schouten (2017) on the use of a screening questionnaire in the context of out-of-hours primary care for children showed big numbers of cases of suspected child abuse which proved unjustified. At the same time a lot of, as it turned out, ‘real’ maltreatment cases were missed. So the identification and assessment of children’s maltreatment seriously needs ongoing attention in practice and research. This includes the quality of decision making by professionals in such cases (Bartelink et al., 2018; 2019).

We found that some 30-40% of children in child welfare and protection seem to benefit – measured one to two years after termination of support – from the intervention they received. This means that others, the situation is stable or gets worse.¹⁵ However, for this group it might take longer to measure progress. Results like these remind us of the pivotal question about the effectiveness of interventions. We already noticed that paying attention to the child in family

¹⁵ Interestingly, a study by Thoburn, Cooper, Connolly and Brandon (2013) on new team approaches to families with multiple and complex problems in the UK (N=33) also showed a success rate of 30%. However, they also noticed that 33%-45% of the families were partly successful and – considering the continued professional support they received – the prognoses were positive.

interventions is not a case by default (Van Assen et al., 2019a, 2019b). Generally speaking, the evidence on family- and child-oriented interventions looks a bit like patchwork: for a very few (for example Families First) the evidence, gathered in a Dutch context, is quite robust; for the big majority of programs the evidence is much less convincing (Jansen et al., 2019). A rather new approach in researching the effectiveness of interventions is to take a closer look at what are the *specific elements* in intervention programs that make them work *for what problems* of help-seekers. It is this recognition of the ‘one size does *not* fit all’ rule that can help us to get ahead in our search for approaches and interventions in the child welfare and protection field ‘that work’ (cf. Van Yperen, Scholte, & Visscher, 2019).

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