

University of Groningen

Children in out-of-home care

Knorth, Erik J.

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:

2020

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

Citation for published version (APA):

Knorth, E. J. (2020). *Children in out-of-home care: Settings, numbers and developments in the Netherlands*. Bufdir Project Meeting on Children in Out-of-Home Care, Oslo, Norway.

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.



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



References

- › Central Bureau for Statistics [CBS] (2020). *Child and youth care – first half year 2019*. The Hague: Author (in Dutch).
- › Harder, A., Knorth, E., & Kuiper, C. (eds.) (2020). *Children placed out of home: Keys to success in treatment and education*. Amsterdam: SWP Publishers (in Dutch).
- › Jonkman, C. S. (2015). *Young children in treatment foster care: Intervening in problematic behavior, disturbed attachment, trauma, and atypical neurobiological functioning*. PhD Thesis Free University Amsterdam
- › Knorth, E. J., Bouma, H., Grietens, H., & López López, M. (2020). The child protection system in the Netherlands: Characteristics, trends and evidence. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *International Handbook of Child Protection Systems*. New York, NY: Oxford University Press (in press).
- › Leloux-Opmeer, H. (2018). *Who cares?! Baseline profiles and child development in different 24-h settings*. PhD thesis Leiden University.
- › Pleegzorg Nederland (2019). *Factsheet Foster Care 2018*. Retrieved from: <https://pleegzorg.nl/pleegzorg/feiten-en-cijfers-pleegzorg/> (in Dutch).
- › Van Anandel, H. W. H., Post, W. J., Jansen, L. M. C., Kamphuis, J. S., Van der Gaag, R. J., Knorth, E. J., & Grietens, H. (2015). The developing relationship between recently placed foster infants and toddlers and their foster carers: Do demographic factors, placement characteristics, and biological stress markers matter? *Children and Youth Services Review*, 58, 219-226. [https://doi.org/\(...\)ildyouth.2015.10.003](https://doi.org/(...)ildyouth.2015.10.003)
- › Van Oijen, S. (2012). Predicting a placement breakdown for adolescents in long term foster care. *Orthopedagogiek: Onderzoek en Praktijk*, 51 (1/2), 28-46 (in Dutch).
- › Van Rooijen, M. (2017). *Working together for specialised youth care*. Utrecht: Netherlands Youth Institute (Series: Together around the child, part 5) (in Dutch).
- › Van Yperen, T., Van de Maat, A., & Prakken, J. (2019). *The increasing use of child and youth care: interpretation and policy*. Utrecht: Netherlands Youth Institute (in Dutch).