## Introduction

## A new international journal! Why?

The social area already has so many journals. Why is it necessary to start a new periodical? When you read the following arguments, we hope you will agree with this new initiative.

First of all, this journal concentrates on relevant and topical issues in the specific field of professional care for youth in trouble. It concerns the domains of institutionalized care like residential care, day care, foster care and family welfare.

Secondly, this journal aims to serve as a meeting point for scientists and practitioners. Most journals can be characterized as either purely scientific or (as) practice-oriented, but this journal is open to both categories.

Thirdly, this journal offers an international platform to discuss several important topics and to put new developments up for debate. New research results and new theories as well as new forms of youth care and alternative ways of helping troublesome children will be (mentioned and) discussed.

Fourthly, this journal will give ample scope for international communication. In addition to conferences and symposia, this journal offers a more structural opportunity to exchange creative ideas, new insights and empirical findings.

And last but not least this journal develops our insight into the problems young people struggle with, into the causes of these problems, in unravelling the processes of caring, into the effects of all the efforts to help youth in trouble, and into the related policy-making to arrive at integrated, continuous and comprehensive forms of youth care.

We hope you will support this new initiative by subscribing to the International Journal of Child and Family Welfare. In that way you help to create your own international forum for different views (and opinions) on theory and practice in the specific field of youth care.

## This very first issue includes the following six contributions

The journal opens with an article by *De Munter and Hellinckx*. They report about the prevalence of behavioral and emotional problems in a representative sample of young foster children in Flanders. They draw several important conclusions. One is that nearly 60% of the foster chil-

dren show a clinically significant disorder in at least one specific domain, and that 46% show multiple syndromes. Their research further suggests that young foster children can be divided into two major groups: children suitable for common foster families and children that should be placed in therapeutic foster families.

The second article is written by *Christoffersen*. His study addresses the development of children formerly in care in Denmark, in particular in the context of the development of self-esteem. The author uses empirical methods and compares three groups: a care group, a risk group and a control group.

The results stress the importance of the role of the parents in the development of the children's self-esteem before placement in a residential, during the residential intervention and also after leaving the treatment home.

The third paper also refers to the development of children who have been in residential care. *Jansen, Schüller, Oud and Arends* report outcome figures for two kinds of residential children: children who completed the treatment and children who did not. Non-completion is defined as leaving before the care or treatment is finished according to the original plans, or before all the opportunities for care or treatment are exploited. The CBCL results indicate that non-completers can already be identified at the start of treatment process. Compared to treatment completers they display distinctive (pre)delinquent behavior.

In the fourth contribution, *Scholte and Van der Ploeg* analyze the characteristics of juveniles in ambulant care in the Netherlands. They also study the kind of assistance offered and the effect of the provided professional help.

The authors show that in different fields of ambulant care different kinds of problem behavior dominate. In the Mental Health Care Services the internalizing problem behavior syndrome dominates, while in the field of Protected Child Care Services the externalizing problem behavior syndrome prevails. The core activities of ambulant care can be divided into ambulant guidance (material help, advice and counseling) and ambulant treatment (therapy). At first glance the effects of ambulant care look promising.

The fifth paper includes an ethnographic study in three Finnish residential treatment centers by  $P\ddot{o}s\ddot{o}$ . She tries to answer the following question: how family-like is the residential treatment of troublesome youth? The author studied one center with a mixed population, one for young women and one for boys. One of her conclusions is that the institutions use classical common sense normative gender-specific family orientations.

Last but not least, *Colton and Williams* point to the uneven progress of the Children Act in England and Wales. This Act is widely perceived as the most important child care law of this century. It has given legislative expression to the idea that children are best brought up by their own families. However, the implementation of the key provisions concerning support for children in need and their families involves difficulties. The authors identify several of the barriers involved.