

Erik J. Knorth

You can't always get what you want...

A selective review of studies on child placement and decision-making

'When a child welfare caseworker is deciding whether or not to remove a child from his or her biological parent or parents and to place the child in family foster care, the worker is making one of the most important decisions in both the parent's and the child's life' (Lindsey, 1992, p. 77).

Summary

This paper presents a survey of empirical research that has been performed in the Netherlands over the last fifteen years regarding the out-of-home placement of children with psycho-social problems. Special attention will be paid to the decision-making process of placement agencies. The focus will be on placements in both residential and foster care settings, two care arrangements with approximately the same number of children. It appears that the decision-making process is pragmatic rather than rational. Many bottlenecks arise during the implementation of placement decisions, resulting in the fact that children quite often do not end up in the preferred care arrangements. A drastic reorganization of the access to the Dutch child and youth care services is supposed to improve this situation. The author argues for investigating methods that support the process of decision-making at the micro level resulting, for instance, in an improved anticipation of the risks and setbacks expected in connection with individual placement choices.

Introduction

Many Western countries saw a reduction, both in an absolute and a relative sense, in the number of children placed in care due to psycho-social problems, especially during the eighties (Pecora, Whittaker & Maluccio, 1992; Colton & Hellinckx, 1993). At the same time programmes were developed to support children and families in their home situations, in order to prevent placement in family foster or residential care. The best-known example of this development is the *Homebuilders Model*, devised in the USA (e.g. Kinney, Haapala & Booth, 1991). A number of versions of these 'family preservation services' were also established outside the

USA. A growing number of results of evaluation studies are being published. 'The results ... are decidedly mixed. Some studies show a modest advantage to intensive family preservation for preventing placements over regular services. Others do not' (Whittaker, 1997, p. 131).⁽¹⁾

As a matter of fact, over recent years an increase has been reported in the number of children residing in provisions for child and youth care in the USA (Tatara, 1994; Woodley Brown & Bailey-Etta, 1997). The same applies to Australia (Bath, 1994). On the one hand, researchers suppose that this development results from an increase in (certain) psycho-social problems among children, in combination with a decrease in preventive services, caused by budget cuts (Pecora *et al.*, 1992). On the other hand, it has been demonstrated that the stagnating outflow of children from institutions (because of the lack of proper follow-up services) and the large number of re-entries in care play a role here (Tatara, 1994; Festinger, 1996).

There are no reliable data available for Europe. What we do know is that about 415,000 (normal) minors were living in foster or residential care in the twelve countries of the European Union during the first half of the nineties (see Table 1 below). These data imply that the number of children for whom such a far-reaching decision as out-of-home placement is applicable, is still very substantial.⁽²⁾

A computation of data, extracted from Colton and Hellinckx (1993), shows that in Europe the number of children placed out-of-home as well as the placement environment where they end up, i.e. a foster family or a residential care unit, differ from country to country (cf. Table 1).

In Denmark, for instance, per 10,000 minors more than 100 children were placed in care; in Ireland this number was 22. For the Netherlands and Belgium, these numbers (50 and 51, respectively) were close to the European average of 56. In Table 1 we also see that the ratio of children in foster care and residential care varies. In Ireland, for example, almost three quarters of referred children (73%) ended up in a foster family, where in a country like Italy the same percentage of children placed in care entered a residential setting. Other researchers, too, have found substantial differences in placement patterns not only between countries (Bath, 1994; Madge, 1994; Pelton, 1997; see also Bath, 1998),⁽³⁾ but also between smaller regions (e.g. Packman, 1986).

Table 1. *Children placed out of home in Europe; some index numbers*

Country	Number of children placed out of home	Mean number of children placed out of home per 10,000 minors	Proportion of children in residential care in %	Proportion of children in family foster care in %
France	126,900	96	48	52
Germany	97,860	94	58	42
United Kingdom	56,000 ¹	43	29	71
Italy	38,890	27	73	27
Spain	22,676	24	86	14
Netherlands	19,000	50	47	53
Greece	16,954	58	96	4
Portugal	12,010	46	- ²	-
Belgium	11,142	51	69	31
Denmark	9,213 ¹	105	39	61
Ireland	2,714	22	27	73
Luxembourg	762	87	67	33
<i>Total</i>	414,121	56	56	44

The table was composed using data from an review study edited by Colton and Hellinckx (1993).

1. Contrary to the UK and Danish data in the Colton & Hellinckx study, the children visiting *boarding schools* are not included in the numbers.
2. No data available.

All this means that the chance of placement and, in line with that, the chance of a stay in a foster family or residential setting varies a great deal and is in part dependent on the country or the area children live in. This difference, it is assumed, is connected with differences in tradition, in cultural and religious affinities among the populations, in policy and rulings by governments and - partly as a reflection of this - in the kinds of services available for child and youth care (cf. Knorth & Van den Bergh, 1994).

Purpose

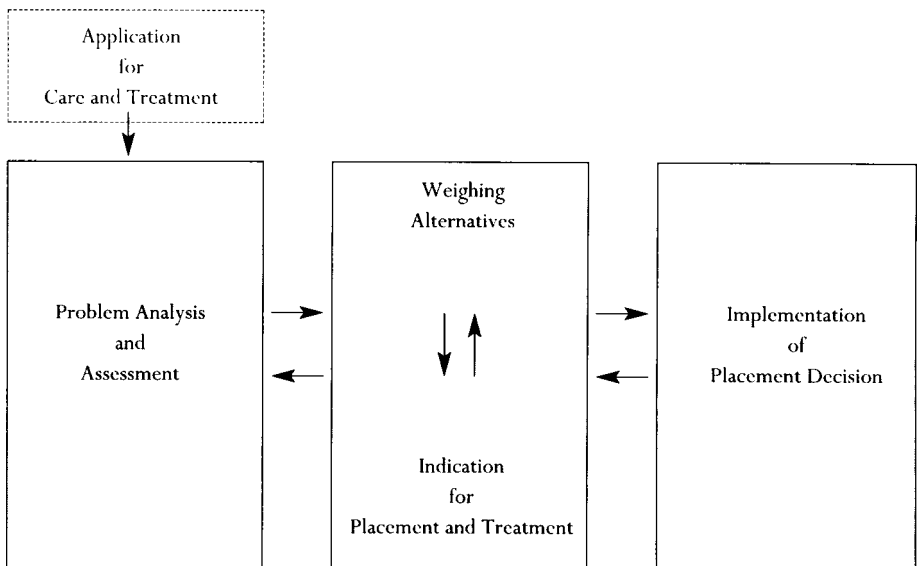
In addition to sociological factors, all kinds of aspects at the level of *professional decision-making and implementation* of child and youth care play a role here. It is at this level that in one of the European member states, the Netherlands, a number of studies have been performed over the last fifteen years. This involved research in the practice itself rather than in artificial settings, which is a fairly frequent practice in decision-making research (cf. Orasanu & Connolly, 1995). The intention of this article is to present a concise overview of these naturalistic studies.

A decision regarding out-of-home placement must be based on a careful *analysis of the problem situation* of the child and its environment (Hoghughi, 1992; Taylor & Devine, 1995). This analysis and assessment results in an *indication for treatment* on the basis of a *weighing of alternative treatment options*: an explicitly discussed statement about what seems to be the most appropriate help for the child. ⁽⁴⁾

In this context, it is assumed that consultations among colleagues contribute to the quality of the assessment and decision-making involved (e.g. Pijnenburg, 1996). It is also seen as important here that serious attention is paid to the client's appreciation of selected options (Hermanns, 1995).

Consequently the procedure should result in a concrete plan of action for *implementation*. In the case of out-of-home placement, this means that a decision is made about the selection of a residential setting or foster care unit to realize the preferred programme. This is illustrated in the diagram in Figure 1. ⁽⁵⁾

Figure 1. *Decision-making on out-of-home placement*



In the Netherlands a great many studies have been published regarding the nature and quality of the assessment process (the left hand bloc in Figure 1). In the restricted space of this article we will not deal with these aspects, but concentrate on the other two blocs: *a)* arriving at a well considered decision regarding out-of-home placement, and *b)* implementing it in practice. We will focus on the following three questions:

- to what extent are alternatives considered and is the choice made explicitly discussed while making a decision regarding placement in care?
- to what extent are colleagues consulted, and do clients (children, parents) participate in the decision-making process regarding placement in care?
- what course does the implementation of a placement decision take, i.e. to what extent is the child actually admitted to the chosen setting?

We make the observation that in the Netherlands the placement of children in residential settings has been investigated more often than placement in foster families. This may be the result of the fact that foster care has never been so strongly organized and distinctly profiled as residential care (cf. Robbroeckx & Bastiaensen, 1992).

Before dealing with the questions posed, we will give a short description of the children that are admitted to provisions for family foster care and residential care in the Netherlands.

Characteristics of children in foster and residential care

Many publications express the view that children admitted to a foster family or a residential setting show similarities in terms of their family and child-rearing conditions: most of the time these conditions are very problematic and discordant. For example, two empirical studies, one concerning residential centres (Van der Ploeg & Scholte, 1988) and one concerning provisions for foster care (Reeuwijk & Berben, 1988), demonstrate that parents in 58% and 71% of cases, respectively, had divorced or separated, and that in 56% and 66% of cases, respectively, very negative family relationships were involved (see also Knorth & Van der Ploeg, 1994).

As far as the comportment of the children themselves is concerned, many studies maintain that, on average, the behavioural problems of children placed in residential settings are more serious and complex than those of children placed in foster care (e.g. Wells, 1991). It is questionable whether the latter applies to all countries and especially to those in which the majority of children placed out-of-home reside in foster families. At any rate, the description below shows that this image is correct as far as the Netherlands is concerned.

In a review of mainly Dutch sources, Beukers and Bennema-Sybrandy (1987) pointed at the fact that the chances of placement in a foster family in comparison with a residential unit decrease when the child is older, has more developmental and behavioural problems and is less in favour of a stay in a foster family him or herself. ⁽⁶⁾ The way the children in foster families differ from those in residential institutions was also studied by Scholte (1997). He looked at children who received day treatment, were in a foster family or received residential treatment. A comparison of two sub-groups, children in foster families and those in residential homes, showed that the first group, on average, was much younger than the second (9.2 compared to 13.8 years of age), and that the second group showed a significantly higher incidence of severe

emotional and behavioural problems (introvert, anxious, depressive, aggressive, hyperactive, poor self control) and problems at school (lesser achievements, problems in relating to peers in the classroom). When controlled for age and gender the children in residential placements also showed significantly more delinquent and anti-social behaviour. Similar results were published by Van Ooyen-Houben (1991) and - concerning Flanders - by De Munter and Hellinckx (1996).⁽⁷⁾

The data mentioned above allow us to suppose that client characteristics play a role in deciding on the placement environment. However, this is not to say that these characteristics 'dictate' the decision. This will be demonstrated below.

On the way to placement decisions: look before you leap?

The question whether treatment alternatives are really balanced by the placement agency is an interesting one. In the literature this is considered to be one of the most important ingredients of careful or vigilant decision-making (Janis & Mann, 1977; Knorth, Van den Bergh & Smit, 1997).

Several Dutch studies (Bijker, De Groot, Wöstmann, Zuilhof & Van der Vlist, 1982; Van der Laan, 1983; Van Ooyen-Houben, De Kort & Stolp-Keuzenkamp, 1987) investigated placement agents' considering alternatives for the chosen treatment option. Van Ooyen-Houben *et al.* (1987) evaluated the placement process of some 350 young children (0-10 years of age). The project leader writes that '... the number of alternatives that are considered per out-of-home placement varies from one to six. In half of the cases social workers consider two ... This gives the impression that in the studied decision-making situations a consistent and systematic considering of all treatment possibilities has not been taken place, at least not explicitly' (Van Ooyen-Houben, 1987, p. 212). The conclusions by Bijker *et al.* (1982) and Van der Laan (1983) pointed in the same direction.

More recently, Dijkman and Terpstra (1993) studied the decision-making process with regard to more than 50 children and adolescents who had been placed in residential homes on a voluntary basis. Their research showed that in every one out of five cases no alternative, and in half of the cases only one alternative was considered. The researchers write '... that the placement agency in an early stage of decision-making restricts the possible scope of interventions and that this restriction in almost all of the cases is a rather drastic one: none or at most one alternative is considered' (Dijkman & Terpstra, 1993, p. 94). They also determined that social workers, where neglect and/or criminal behaviour of the parents and serious behaviour problems of the child were concerned, did not consider any alternatives to residential treatment. This could mean that in those cases the choice of the type of intervention (residential care) was the clearest. The placement agents were also asked what they would do if there were no opportunity for placement in a residential setting. Even then they seemed to see few other possibilities.

Pursuant to the Dutch Child Care Act (Wet op de Jeugdhulpverlening, 1991), placement agencies are obliged to submit a so-called *indication statement* to support the placement decision

made. This is to say that, in writing, an elaboration is given of the considerations founding a suggestion for placement or of the reasons why this type of care or treatment is to be considered the most appropriate for a child and his/her family.

Several investigations demonstrate that in many cases in practice the indication statement is not issued. For example, Faas (1993), on the basis of case file analysis concerning 112 children placed in residential care, observed that in 53% of all cases no written indication statement had been drawn up. An investigation carried out by the Child and Youth Care Inspection Office (Inspectie Jeugdhulpverlening, 1992) one year before Faas' study found a comparable percentage of 57%. These results in themselves do not necessarily mean that in those cases out-of-home placement had not been carefully considered. They do show, however, that the reports do not reflect why these children were placed in care.

We conclude that although systematic considerations of treatment or placement alternatives do occur prior to decisions, and that written versions of the considerations involved are made, neither of these 'methods' are common practice.

Participation in placement decisions

Involving colleagues

In the study by Bijker *et al.* (1982), in which 45 social workers at placement agencies were interviewed about their 'most recent placement', it was found that the decision to apply for admission of the child in a specific setting usually was an individual choice of the placement agents. Only seldom did they consult colleagues or others. The researchers concluded that the (idiosyncratic) insights and experiences of individual social workers played a major role in placement decisions.

More than ten years later, Dijkman and Terpstra (1993) showed that in 90% of cases there was consultation among colleagues within the placement agencies. The authors, however, do question the value of these consultations: '... the colleagues often do not know the case personally and in their judgement they have to fully rely on the information given by the direct (responsible) social worker ... Besides colleagues usually do not get the necessary information on paper and in advance. Because of this the information cannot be studied and the discussion goes by unprepared; ... finally there is little standardization; in many cases the social worker will report data based on priorities that he or she makes himself' (Dijkman & Terpstra, 1993, pp. 66-67). Nonetheless, in over 25% of cases, according to the participants in this study, the experience of colleagues added to the decision which facilities to approach with a placement request.

According to the same study, in almost 70% of cases other non-resident experts had been consulted too. These consultations were mostly satisfactory to the placement agents. Still, in only 6 out of 35 cases in which this was known, consulting others seemed to substantially influence the final placement decision (see for comparable findings Van Dam, 1997).

We conclude that the frequency with which colleagues are consulted and with which communication regarding decisions about out-of-home placement takes place seems to be increasing. However, some have cast doubt on whether the impact of these consultations is large.

Involving clients

In the afore-mentioned study by Bijker *et al.* (1982) it was also examined to what degree the young client (aged 12-18) was actually involved in the decision-making process concerning the placement. A minority of the interviewed children (39%) did have some sort of choice, in that at least two possible living arrangements were discussed with them. 'The majority therefore had nothing to choose. In most of the cases the residential home was visited once prior to the placement. During this visit the child received a tour and was told something about the house rules and pocket money rules. After this the young clients had to decide whether they wanted to go there or not. Most of them will comply then. This is not difficult to understand. The family situation at home has often become intolerable and when no other options are offered there is no other way out. Besides (s)he usually has nothing to compare it to' (Bijker *et al.*, 1982, p. 12). Other research from this period (Knorth, 1987) showed a similar picture. When younger children were concerned the parents seemed to be involved more often (Haagen, Van Hecke & Van Ooyen-Houben, 1983).

More recent data, available in Dijkman and Terpstra's study (1993), showed that in one in three cases it was decided to approach a residential setting with a placement request because this setting had also been explicitly chosen by the child or the parents. However, this does not mean that in the other cases the clients' views did not matter. Knorth and Dubbeldam's study (1994) made clear that when a child is not at all motivated for a placement - especially when (s)he is older and the placement formally has a voluntary character - his or her opinion clearly played a role in the considerations made by the placing agency and the admitting facility.

Research carried out by Smit among about 150 children in residential care (Smit, 1993; see also Smit & Knorth, 1997) demonstrated that residential workers characterized the role of *parents* in the intake procedure as '(partly) determinant' in 55% of cases. In the remaining 45% their involvement in the decision-making process was assessed as minimal or zero. According to the same respondents, the *children* played a '(partly) determinant' role in 66% of cases. Within the sub-group of young clients in which the aim was to relocate the children back home again, parents more frequently participated actively in the decision-making process (69%), while children participated less frequently. When placement was aimed at 'independent living', youngsters more often participated more actively in decision-making (79%). It may be assumed that the clients participate less in the decision-making process in cases of an out-of-home placement by court order than in the case of a welfare placement.

It is our conclusion that the participation of children and parents in the decision-making process in the case of placement in residential care is a function of the child's age and perspective (whether or not returning home), as well as of the nature of the intervention (voluntary or compulsory). Neither parents nor child play an active role in the decision-making process as a

matter of course. For this reason, their role has been characterized before as *secondarily involved* (Van den Bergh, Knorth & Van der Ploeg, 1985).

No reliable Dutch data are available regarding the share of children and parents in the decision-making process with regard to placement in foster families.

Implementation of placement decisions; you can't always get what you want ...

With reference to a large survey study by the Florida Mental Health Institute (Tampa, USA) in which over eight hundred children and adolescents in out-of-home settings were involved, Friedman and Street (1985, p. 233) write that '... the placement of children in different settings seems primarily to be a function of system factors, such as the availability of placements, rather than characteristics of children and families'. In addition, Wells (1991, p. 345) points to the fact that because '... the decision to place a child is so often based on crisis, the choice of a residential treatment center is too often based on the speed with which it can deliver the decision to accept the child, rather than on the appropriateness of its program'. These statements refer to the situation in the USA. Comparable findings concerning the UK were reported by Millham, Bullock, Hosie and Haak (1986). What can be said about this in the Dutch context?

The choice of a residential setting

Several studies relate to factors that influence a placement agency in approaching a specific facility with a placement request. Van den Bergh *et al.* (1985) distinguished four major factors: the geographical situation of the centre (within reach), the question whether there was room for admittance, earlier positive contacts and the treatment modalities of the centre. In two studies published later we found similar results. A study by De Bruyn, Van der Linden and Jansen (1989) showed that in their decision to approach a residential home, social workers were guided by general characteristics of the institution such as location, capacity, specific reception and treatment possibilities, and the facilities as far as school and leisure time were concerned. Other decision-making factors were (De Bruyn *et al.*, 1989; Dijkman & Terpstra, 1993) the familiarity and personal experiences of a social worker with a particular residential home and the experiences or recommendations of others in the worker's professional environment.

All this means that subjective experiences and the social map/network of placement agents clearly influence the implementation of a placement decision.

In several publications, especially from the side of the admitting facilities, it has been highlighted that the placement agent's knowledge about institutions and treatment centres is often limited and out-dated (e.g. Van den Bergh *et al.*, 1985). This increases the chances of rejection of a placement request as well as the risk of premature termination of a study (cf. Van der Ploeg & Scholte, 1996).

Availability and accessibility of residential facilities

Knorth and Dubbeldam (1994) studied 120 children (12-17 years of age) with psycho-social problems who had been referred to two residential treatment centres. Social workers of placement agencies were interviewed about the placement process three and six months after application. The study showed that in 75% of cases other residential institutions - in addition to the two treatment centres in the study - were also approached with a placement request, to an average of four in the period until three months after application. One of the reasons for this searching behaviour was simply: 'no place available' in the approached centres (mentioned in 26% of cases). In an earlier study of 980 non-effected placement requests at 23 residential institutions, Knorth (1987) found that 'lack of availability' was the reason that the placement attempt had failed in only 14% of cases. It seems that the influence of the 'availability' factor on the decision-making process and the implementation of a placement choice has increased over the last years in the Netherlands. ⁽⁸⁾

Something that is at least partly connected with the availability issue is the number of children that are admitted to the home *preferred* by the placement agency. Research by Van der Laan (1990) among over 800 youths in custody showed that 70 to 80% ended up in the most favoured institution. In a sample of more than 120 placement requests, Van Buuren, Scholte, Poot and Mesman Schultz (1991) found rates varying between 55 and 60%. In the study by Knorth and Dubbeldam (1994) it appeared that although the placement agency had a preferences for a specific institution or setting in almost all of the cases (92%), only one third of the children ended up in the preferred setting. Comparable data were found by Van Woensel (1997). In other words, it seems that the proportion of children and young people who were admitted to the institution that - according to the placement agent - was the preferred option, has declined over the last few years.

Knorth and Dubbeldam (1994) also investigated the *reasons* for failed placement attempts. Besides lack of capacity (see above) the mismatch of client needs and services offered seemed to be the main reason for rejection (35-40%). The two motives cited most frequently were that the child is 'too difficult' or 'unmotivated' and that the institution is ill equipped to treat the applicant's problems (which comes down to basically the same thing). The chance of placement difficulties increased among children

- placed with a court order;
- who belonged to a ethnic-cultural minority group;
- who scored high on an anti-social behaviour scale.

A specific study into these children who are 'difficult to place' was conducted by Van der Laan, Verwers and Essers (1992; see also Van der Laan, 1992). Their research involved some 360 children (aged 12-17) under a court order for whom a residential admission seemed necessary. In this group an average of four failed placement attempts were registered. The (client-related) reasons for failure mentioned most frequently were: the service did not match the problems submitted ('too difficult') (26%) and the motivation of the child was defective (11%). In 14% of cases a placement request was not honoured because there was no room for admittance at short notice; in 24% of cases the children could be placed on a long-term waiting list.

The studies by Van der Laan *et al.* (1992) as well as by Knorth and Dubbeldam (1994) also brought to light that quite often a request for admission was withdrawn by the applicant because a place had been found elsewhere or another solution appeared possible (10% and 16%, respectively).

The studies strongly indicate the existence of what is sometimes described as a *width strategy*: various institutions or centres are approached simultaneously with a placement request in order to maximize the chance that the child can at least be admitted somewhere.

Family foster care placements

Although hardly any comparable empirical data are available concerning family foster care placement, Robbroeckx and Bastiaensen (1992) conclude that in this field the services provided are strongly limited, in spite of a government policy aimed at stimulating placements in foster families whenever possible. According to the researchers, the poor balance between demand and supply persist. The consequence of this is that finding a child a foster family, and especially finding a family that matches the uniqueness of the child, is usually problematic.

The problem of the inadequate matching shows up in situations when children end up in a foster family despite serious doubts as to whether this is the proper placement environment. Recently, Emans and Robbroeckx (1997) conducted a study of 120 children who had been referred by placement agencies to seven foster care agencies. In the sample 84 children (70%) had been classified as qualifying for family foster care, while 30% of the children had been classified as qualifying for services *other than foster care*, including residential care or day treatment. In other words, in these cases family fostering was - at the most - regarded as a second choice. However, this conclusion was not acted upon: for these 30% attempts were made also to find foster families.

Actually, the foster care agency found suitable families for only half the children referred (45%). Even in these cases it turned out that for a considerable number of children in this group (24%), placement in a foster family had not been the first option. Finally, the researchers found that only 41% of children in the sample were actually placed. One third of this group (33%) had no indication for placement in a foster family.

Two things are implied. First, of the children referred to a foster care agency only a minority were finally placed with a foster family. Second, a lack of clear arguments in favour of admittance to a foster family does not actually prevent children from being placed in a foster family.

Conclusion and discussion

First, we will summarize the main findings. According to a (conservative) estimate, in half of the cases the decision to report a child for placement in a home or foster family is not based on a systematic consideration of alternative treatment or placement options; the placement agent very soon restricts the alternatives to one or at most two options. In the majority of cases of children placed in a residential setting, decisional considerations are not accounted for or

explicitly discussed in the form of a so-called written indication statement - which is mandatory for placement agencies pursuant to the Dutch Child Care Act. No comparable figures are available for placements in family foster care.

Placement decisions are usually discussed with parents and children both by the placing agency and the admitting provisions. The way this is formatted depends on the age of the child, the perspective of the placement and whether the intervention is compulsory or not. However, active participation in the decision-making process as, for example, in the *Family Group Conferences* model (see Lupton & Stevens, 1998; this issue), does not occur. Increasingly we see workers who prepare the out-of-home placement consulting with colleagues about their assessments. However, some have cast doubt on the impact of these consultations.

Regarding the implementation of a placement decision, research has demonstrated that, as far as the residential sector is concerned, the majority of young clients do *not* end up in the setting preferred by the placing agency. Influenced by limited capacity and low accessibility of facilities, especially for children showing 'difficult behaviour', it seems that more and more social workers eventually (have to) decide to approach a broad variety of institutions or homes with a placement request. Knowledge about general services' characteristics, the question whether there is 'a bed' available and personal experiences drive the placement officer in approaching admitting facilities. This means that an element of chance is at play in the implementation process (which facility 'happens' to have a place? which facility is 'accidentally' known by the placement officer and which is not? etcetera).

We also perceive friction in the implementation of foster care placements. For part of the children for whom foster families are searched, a placement cannot be realized. At the same time, other children enter foster care although for them this option is in fact considered a 'second or third choice' because they could not be admitted to other, more suitable provisions.

A decision-making model based on the assumption that a placement decision can be made rationally, by consciously attributing utilitarian values to various treatment options and selecting the option that yields the highest expected utility, is not an adequate representation of reality. Conditions which such a model must meet do not apply (i.e. an unambiguous problem, a restricted set of unambiguous decision alternatives, familiarity with the character and meaning [in terms of utility] of the consequences that are connected with the application of each of the alternatives to the current problem - see, for instance, Yoon & Hwang, 1995). A rational model ignores the complexity of day-to-day decisional problems. The decision-making process takes place in a dynamic context in which the problem setting is not stable. In many cases there is great upset, with the child and family urging the decision-maker (the social worker who effectuates the placement) to come up with a decision as soon as possible (cf. Orasanu & Connolly, 1995). This very often leads the social worker to follow a so-called 'satisficing' strategy rather than an 'optimizing' one: the first treatment modality or provision that is 'good enough' will be selected (cf. Janis & Mann, 1977, p. 25).

The investigation of placement processes we referred to above (Knorth & Dubbeldam, 1994) contained a clear indication for the presence of this strategy: in spite of the fact that only one third of children ended up being admitted in the preferred provision, in 74% of cases the

social workers effectuating placement tended to assess the placement in favourable terms. This is remarkable when viewed from the perspective of a strictly rational decision-making model. A number of researchers, therefore, believe that it does not make sense to confront practice with the rational decision-making model (e.g. Zey, 1992; Orasanu & Connolly, 1995).

Future directions

Irrespective of the view we take, the state of affairs presented raises a number of questions. People in child and youth care itself as well as those at policy level are convinced that it is really imperative to optimize the process of decision-making (reduction of chance factor) and the implementation of decisions (reduction of stagnation) in the case of out-of-home placement. In conclusion of this article, we would like to refer to a recent development in Dutch child and youth care designed to redress part of the bottlenecks described.

A huge reorganization project is being carried out at both national and regional levels designed to regulate the way children and youngsters enter child and youth care (see Nota, Van der Schaft & Van Yperen, 1997; Van Yperen, 1997; Van Yperen & Van Geffen, 1997). Until some years ago, entrance into the care system was handled by quite a broad range of workers dealing with referral and placement, all operating their own reference relations and placement channels. Changes that are currently underway imply the set up of so-called *Bureaus Jeugdzorg* (*Child and Youth Care Agencies*) at regional level that will function as 'gatekeepers' at the entrance of all forms of intensive care (obviously including both foster care and residential care). These Agencies will be responsible for screening, problem analysis and assessment (diagnostics), resulting in a recommendation regarding the care that should be considered: the indication statement. All this is expressly carried out in consultation with the members of the client system (Van Yperen & Van Geffen, 1997). At any rate, this procedure should be explicit as to what kind of care is considered the *most desirable* and what kind of care is considered to offer the *minimum required*. Between these poles several options can be formulated. Thus, this method initiates the principle of 'weighing alternatives' (cf. Figure 1) in a prescriptive sense. The client should at least get the minimum care that is required.

The care option that will be offered to child and parents, or the facility that will perform the care, will be formulated by a team composed of various disciplines and also operating at the regional level, the so-called *Zorgtoewijzingscommissie* (*Care Allocation Board*) (Van Yperen, 1997). This team has up-to-date information with regard to the options for care available in the region. The plan is that the Allocation Board records the care desired and the care actually implemented. An analysis of the data gathered will enable insight into any (and probable) discrepancies between the care needed and the care provided. Adjustments in the care offered resulting in a higher satisfaction of the need for care should, at some point in the future, diminish stagnation in the implementation of placement decisions. Investigations will have to demonstrate whether this is really the case.

As shown by our review, a second factor that plays a role in the laborious implementation of placement decisions is the attitude of the receiving institution or treatment centre with

regard to children who are not motivated or who show 'annoying', anti-social behaviour. Quite a few facilities are reluctant to admit this group of children. In order to prevent these children from 'falling between the cracks', the government has forced the child care sector as a whole to guarantee, at the regional level, that these children receive the care needed. In practice this means that a residential setting X that has the capacity required is not allowed to refuse admittance to a child who is 'difficult to place' once the regional Allocation Board (see above) has decided that this child will highly profit from a stay in setting X. Again, the results of this measure are not yet known.

It may be expected that admitting services will be confronted more frequently with children whose successful placement is doubted. In fact, this will result in a situation in which a child will be placed assessing that its admittance implies a number of risks, for instance with regard to the possible regulation of the child's behaviour, with regard to the other children in the residential group ('risk of contagion'), with regard to possible stress for the workers, etc. A condition for appropriately handling such negative expectations (or to finally decide that admittance would be very unwise) is to *map out these risks right* from the beginning. Currently, this is not happening on a systematic basis (also see Dalglish, 1998).

Several methods and instruments in this field are being developed (Van Yperen, 1995). For example, the Child and Youth Care research group at Leiden University has developed a model that can support the decision-making process in such *cases of doubt* (cf. Knorth, Van den Bergh & Smit, 1997). This method implies the systematic analysis of risks involved in the out-of-home placement or admittance of a child, resulting in a suggested approach for making the risks easier to deal with and thus for more successfully realizing the implementation of the chosen treatment option (re implementation problems; see also Sinclair, Garnett & Berridge, 1995). However, research into the effects of this method has been too limited to date to allow any generalizations to be made.

Notes

1. Veerman, himself involved in an evaluation study regarding *Families First* in the Netherlands (De Kemp, Veerman & Ten Brink, 1997), states that the effects of this kind of programme seem to diminish in relation to the methodological 'strictness' of the research set-up (Veerman, 1997; also see Blythe, Patterson Salley & Jayaratne, 1994; Rzepnicki, 1994).
2. In the USA the number of children placed out of home in 1994 was also estimated at more than 400,000 (Barth, Berrick & Gilbert, 1994). In Australia Bath (1994) calculated these figures for the same period at more than 12,000 children.
3. Madge (1994) has also checked the relations among European countries regarding the numbers of children being placed in foster care and in residential settings. The percentages she found were identical to those of six countries based on Colton and Hellinckx. In the other six countries the deviation amounted to only a few percent points, Luxembourg being the only peak. According to Madge, in Luxembourg 8% more children were involved in foster care (and therefore 8% fewer children in residential settings) than in the

data gathered by Colton and Hellinckx. The differences resulted from differences at the time of measuring and of the source of data. As a matter of fact, both Colton and Hellinckx, as well as Madge, stress not to attribute any absolute significance to the figures produced; rather, they should be considered as *indicative* for the proportions of children placed in foster care and those placed in residential care.

4. The term 'treatment' will be used here in the sense of a broad array of interventions and actions.
5. The schedule is a strongly simplified reproduction of more complex models as they can be found with, e.g. De Bruyn, Pameijer, Ruijsenaars and Van Aarle (1995; also see Emans & Robbroeckx, 1997), and Taylor and Devine (1995).
6. Bäckelmans and Bäckelmans-De Backer (1987) also point out that children themselves - and this even more so when they are older - are quite often opposed to a stay in a foster family, especially when the child is asked to commit affectively.
7. In Flanders (Belgium), De Munter and Hellinckx (1996) compared a group of 353 children (between the ages of four and twelve) in foster families with a group of 224 children in residential care (ages from six to twelve). The average total problem score of the residential children on the *Child behaviour Checklist* was significantly higher than that of the foster children. The number of children that scored in the 'clinical range' (i.e. higher than the ninetieth percentile in the score distribution of the norm population), was also highest for the residential group. The two syndrome groups that contributed most to this difference were delinquent behaviour and aggressive behaviour. 'In Flanders, the presence of problem behaviour, especially aggressive and delinquent behaviour, plays an important role in decision-making regarding placement in foster or in residential care' (De Munter & Hellinckx, 1996, p.21).
8. The influence of the factor 'availability of care facilities' was demonstrated in England in research by Packman (1986). She compared the decision-making behaviour of social workers who worked in two different social-services departments; services who play the role of 'gatekeepers' guarding the influx of children in foster care and residential care. The field of service A happened to have twice as many 'beds' as that of service B, while the size of the population minors were very similar in the two regions (ratio 6 : 5). Service A significantly more often decided to place out-of-home than service B (51% compared with 37% of the cases for which a placement was considered; at follow-up time after six months, the ratio had reached 60% to 42%). This difference could not be explained by a variance in problems, something Packman also investigated. She concluded that the availability of 'places' clearly influenced the decision behaviour of placement agents; it facilitated or slowed down the out-of-home placement decision.

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