



Elements that can affect placement trajectories on specialised foster care and regular foster care: A scoping review

Master Thesis

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Summary

Some children face challenges at home that complicate their development, leading to alternative forms of care to be considered for them, including the profound and complex decision to place them in foster care. Research shows that care resembling a family structure works best for a child placed in care. Examples of such settings are a foster family or a specialised foster family.

There are guidelines in the Netherlands used by youth care professionals for placing a child in a care setting. This study aims to identify elements that affect placement trajectories to support professionals in decision making by reviewing scientific literature and guidelines in the Netherlands.

Based on qualitative research perspective, scientific literature was reviewed in order to identify these elements using decision-making ecology (DME). The categories that were used are: case factors, organisation factors, decision-making factors, external factors. A recent study shows “ *The institutional and legal apparatus established to keep children safe from harm contains governance, control and normative functions that reflect and maintain political, cultural and social norms*” (Keddel, 2021, p. 1141). Underlying social differences, often related to race, class, gender, ability and neighbourhood, are reflected and amplified by how the child protection system works. This can result in different outcomes in the decision-making continuum.

Literature, as well as guidelines, describe foster care extensively. Other forms of out-of-home care are barely defined. The terminology used sometimes refers to comparable forms of care, i.e. specialised foster care and therapeutic foster care. Guidelines and literature, are mostly focused on foster care and are associated with case factors. There is little mention of organization-, decision-maker or external factors. (Keddel, 2021). The gap between literature and practice may be explained by the fact that the choice for placement is largely made on the basis of personal knowledge and experience and less on the basis of systematic analysis or guidelines (Zeijlemans et al., 2019; Korteling et al., 2023). Further research is needed to determine what decision-makers need to make the best decision with the least chance of placement breakdown, so children can develop in the best possible environment.

Samenvatting

Sommige kinderen worden thuis geconfronteerd met uitdagingen die hun ontwikkeling belemmeren, dit kan ertoe leiden dat alternatieve vormen van zorg voor hen nodig zijn, waaronder de ingrijpende en complexe beslissing om hen in pleegzorg te plaatsen. Onderzoek toont aan dat zorg die lijkt op het normale gezinsleven het beste werkt voor een kind dat in zorg wordt geplaatst. Voorbeelden van dergelijke zorg zijn een pleeggezin of een gezinshuis.

Er zijn in Nederland richtlijnen die door professionals in de jeugdzorg worden gehanteerd voor het plaatsen van een kind in een woonsetting. Dit onderzoek heeft tot doel factoren te vinden die van invloed kunnen zijn op plaatsing in gespecialiseerde pleegzorg en reguliere pleegzorg in wetenschappelijke literatuur en richtlijnen die in Nederland door professionals worden gebruikt.

Op basis van kwalitatieve onderzoek werd wetenschappelijke literatuur beoordeeld om deze elementen te identificeren met behulp van Decision-making ecology (DME). De categorieën die gebruikt zijn: casusfactoren, organisatiefactoren, beslissingsfactoren en externe factoren. Recent onderzoek van Kenddel (2021) benoemd dat het institutionele en juridische apparaat dat is opgericht om kinderen te beschermen, bestuurs-, controle- en normatieve functies bevat die politieke, culturele en sociale normen weerspiegelen en handhaven. Vaak worden diepe sociale ongelijkheden van ras, klasse, geslacht, vermogen en locatie weerspiegeld en geïntensiveerd door de functies van het kindbeschermingssysteem. Dit kan resulteren in verschillende uitkomsten in het besluitvormingscontinuüm.

Conclusie van dit onderzoek is dat de literatuur en richtlijnen pleegzorg uitgebreid zijn beschreven. Andere vormen waaronder gezinshuizen zijn nauwelijks gedefinieerd. De gebruikte terminologie verwijst soms naar vergelijkbare vormen van zorg, d.w.z. gespecialiseerde pleegzorg en therapeutische pleegzorg. De richtlijnen zijn, net als de literatuur, vooral gericht op pleegzorg en worden geassocieerd met casusfactoren. Er wordt bijna geen melding gemaakt van de door Kenddel (2021) beschreven factoren zoals organisatie, besluitvorming of externe factoren. Het gat tussen de literatuur en de praktijk is mogelijk te verklaren doordat de keuze voor plaatsing merendeel wordt gemaakt op basis van eigen kennis en ervaring en minder op basis van systematische analyse of richtlijnen (Zeijlemans et al., 2019; Korteling et al., 2023). Verder onderzoek is nodig om te bepalen wat besluitvormers nodig hebben om de beste beslissing te kunnen nemen, met de kleinste kans op een plaatsingsbreuk, zodat het kind zich in de best mogelijke omgeving kan ontwikkelen.

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Table of Contents

Summary	1
Acknowledgments.....	3
1. Introduction.....	5
1.1 Background.....	5
1.2 Problem definition.....	6
1.3 Societal and academic relevance.....	7
1.4 Research questions.....	8
1.5 Structure overview.....	8
2. Theoretical exploration.....	9
2.1 Youth aid.....	9
2.2 Decision-Making Ecology.....	9
2.3 Youth assistance in family settings.....	10
3. Research methodology.....	12
3.1 Research design.....	12
3.2 Study inclusion.....	12
3.3 Search strategy.....	13
4. Results.....	14
4.1 Foster care.....	15
4.1.1 Inequalities.....	15
4.1.2 Characteristics of children in regular foster care.....	15
4.1.3 Decision-maker factors.....	18
4.1.4 Organizational factors.....	18
4.1.5 External factors.....	19
4.2 Specialised foster care.....	19
4.3 Guidelines.....	21
5.1 Regarding placement in regular foster care according to literature.....	32
5.2 Regarding placement in specialised foster care according to literature.....	33
5.3 Regarding guidelines in the Netherlands for placement in regular foster care.....	34
5.4 Regarding guidelines in the Netherlands for placement in specialised foster care.....	34
5.5 Implications for Practice, Policy and Research.....	34
5.6 Limitations.....	35
6. Conclusion.....	36
References.....	37

1. Introduction

1.1 Background

On November 20, 1989, the United Nations adopted the International Convention on the Rights of the Child. Almost every country in the world has signed the Convention on the Rights of the Child, including the Netherlands, who ratified it in 1995. Participating countries must adequately assist parents in fulfilling their responsibilities. The participating countries have a duty to ensure a safe environment in which children can grow and develop unhindered. Youth care in the Netherlands is regulated by the Youth Act, the 2015 update of which establishes that municipalities are administratively and financially responsible for all forms of youth care (Ditters et al., 2020; Assembly, sd).

When necessary, children get voluntary support at home, carried out by a local team from the Youth and family Center, in the Netherlands also known as ‘Centrum Jeugd en Gezin’ [CJG; Youth and Family Center]. If it turns out that voluntary assistance is not (or no longer) sufficient, because the child's safety is at risk, ‘Veilig thuis’ [safe at home] and/or ‘De raad voor kinder bescherming’ [Child Protection Council] is deployed if previous help has not worked, or biological parents do not want to cooperate voluntarily. A judge will review the case when necessary for the safety of the child and can decide to call in the help of a Certified Institution, in Dutch called a ‘Gecertificeerde Instelling’ [GI; Certified Institution] that has the authority to impose involuntary assistance. A GI is an institution that carries out youth protection and youth supervision on behalf of the government. A GI can ask Youth Court for an out-of-home placement (Bartelink, et al., 2017). In an out-of-home placement, a child may be placed in full time or part-time care (Chor et al., 2013). The most common options for care placements are:

- regular foster care (not related to the child) or kinship foster care (related to the child). Foster parents do not need any specific education (Chor et al., 2013);
- professional foster care (family-style group), i.e. a home-like setting, often a married couple with socio-pedagogical experience and training and sometimes children of their own (Grietens et al., 2014). In the Netherlands this is called a ‘gezinshuis’, or as it is better known world-wide, professional foster care or specialised foster care;
- (secure) residential care, i.e. a larger institution where children live supervised by professionals (Leloux-Opmeer et al., 2017). These homes are meant for children with severe behavioural and developmental challenges, who are considered unable to function in a family situation (Bartelink et al., 2017).

It is deemed in the best interests of the child to be placed long-term in a situation that is as close to a family structure as possible and offers possibilities for healthy development (Bartelink et al., 2017). The breakdown of a placement and multiple transfers are associated with several detrimental outcomes for the child, which can increase behavioural challenges for the carers (Vanderfaellie et al., 2018).

Understanding the different elements that can impact placement trajectories for the child in different out of home care services could be key to preventing breakdowns and ensuring adequate care for kids. In this study, a scoping review was conducted to analyse which factors can be identified that have an impact on the placement trajectories (including initial placement, placement instability and placement breakdown) of children in foster care.

The DME is used to get an understanding of how the variables mentioned by the DME are impacting placement, but they are also embedded in society and are therefore impacted by societal factors. As Emily Keddel (2021, p. 1141) puts it: *“The DME proposes that variability is not only linked to differences between individual decision-makers, but also complex interactions between different parts of the child protection system and the societies they are embedded within”*

In this case, behavioural problems are diagnosed and interpreted by society, health professionals, families, etc, in a specific way and those interpretation can vary based on sex, race, age, etc. This can reinforce stereotypes and create a vicious cycle.

In this research, literature stemming from 2015 to 2022 will be considered. A time frame of seven years will be applied. This is because the Youth Act dates back to 2015, and created far-reaching changes in the way youth care was organized: now, municipalities are responsible for the execution of the Youth Act. This transition aimed to contain rising costs in youth care, as well as ensure quality and continuity of youth care (Jansen, 2022). Comparisons between literature and guidelines are made using the factors in the DME. World-wide research has been carried out into the factors described in the DME for out-of-home placing. In this study, these factors serve as a framework to investigate to what extent literature and guidelines on the different factors match or differ.

1.2 Problem definition

In recent years, the number of specialised foster care homes have increased sharply in the Netherlands. There is a trend that children who can no longer live with their parents, nor in a foster family, are more often placed in specialised foster care. In 2014 there was an increase of 22.5 percent in the use of specialised foster care, with 1728 young people staying in a specialised foster family

(NJI, 2021). Since the update of the Youth Act in 2015, this trend has continued. The municipalities show a growing demand for specialised foster families. According to the youth care inspection of the Netherlands (2016) most new registrations reported by municipalities to the Youth Care Inspection are specialised foster families. There is no official registration obligation for specialised foster families, so not all specialised foster care placements are known. The Netherlands documented a 13 percent decrease in foster care placements for 2022 in comparison to 2020. It is notable that the number of foster families has declined, as well as the number of children in foster care (NVP, 2022; Pleegzorg Nederland, 2022). The explanation given for this lower influx of children in foster care is the increased use of outpatient services to prevent out-of-home placements (Bartelink et al., 2017). Information on factors in the child's characteristics and needs at the time of admission to a certain type of foster care is to date largely unavailable or ambiguous (Leloux-Opmeer, et al., 2016). In practice, it is not sufficiently clear how placement of a child in any type of foster care is decided and how the associated matching procedure works. Sometimes availability seems decisive, instead of the consideration of where a child is best placed (Inspectie Jeugdzorg Ministerie van Volksgezondheid, 2016; NJI, 2020).

1.3 Societal and academic relevance

The societal relevance of this study is that it aims to identify specific elements that can be found in the children placed in specialised foster care and regular foster care, so the differences between the two can be better understood by and explained to young people and professionals in charge of making placement decisions in order to find the best option and prevent a breakdown or multiple (unsuccessful) placements. A comprehensive overview of the literature will provide professionals, policymakers, scholars and parents with information.

The academic relevance of this research is that it aims to shed light on the gap in our understanding how and when specialised foster care is used. Policies and guidelines are, or should be, informed by literature. This literature is not all there and that we don't have a full understanding of how these guidelines work. It is important to ensure the quality in regular and specialised foster care settings. It turns out that deep social inequities are reflected and intensified through the child-protection system.

1.4 Research questions

The research question that is used in this study is:

What are the elements that can affect placement trajectories in specialised foster care and regular foster care?

Sub questions:

- What elements are mentioned in published literature by professionals that can impact placement trajectories in regular foster care?
- What elements are mentioned in published literature by professionals that can impact placement trajectories in specialised foster care?
- What elements are mentioned in guidelines in the Netherlands for placement trajectories in regular foster care?
- What elements are mentioned in guidelines in the Netherlands for placement trajectories in specialised foster care?

1.5 Structure overview

In the introduction, the problem has been defined and the societal and academic relevance of this scoping review are explained. In this second chapter, a theoretical exploration will be given, covering the most relevant theories. The third chapter states the research methodology, in four parts: research design, search strategy, search selection and search inclusion. This provides future researchers with adequate tools to replicate this study as precisely as possible. In the fourth chapter the results will be presented. The final chapters will shed light on the answers to the research questions, the implications of the findings, and how they can be utilized for future research and practice.

2. Theoretical exploration

2.1 Youth aid

The Youth Act is aimed at prevention and an integrated approach of children and families from the age of zero till 21 with a request for youth care (IGJ en IJenV, 2019). Important principles in youth care include early signaling of possible problems, strengthening the educational climate within families, counteracting the fragmentation of care for children, and organizing help closer to the family (Jansen, 2022). The Youth Act states that vulnerable children must receive the help they need without delay (IGJ en IJenV, 2019). Youth professionals and youth supervisors have the legal responsibility to use safe, effective, efficient and client-oriented help. Municipalities are responsible for the availability of youth care (IGJ en IJenV, 2019). Cooperation between the municipality and a GI is necessary in this respect. In 45 percent of cases, youth care trajectories with more residential care are referred by certified institutions, while 22 percent of the referrals take place via municipal access.

2.2 Decision-Making Ecology

The DME is a theoretical framework which can be used to organize decision-making research in child welfare (Benbenishty, et al., 2015). Benbenishty et al. describe different frameworks used in research into decision-making, with the DME being one of the most recent, introduced in 2011 (Baumann et al., 2011). Figure 1

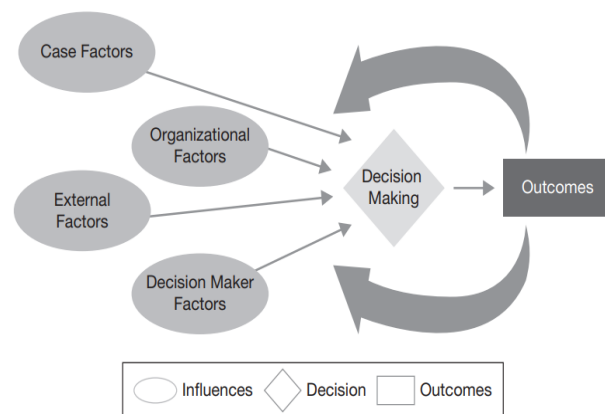


Figure 1 Decision-Making Ecology (DME): (Baumann et al., 2011, p. 5)

displays the schematic outline of the DME. As shown in figure 1 the systemic, context for decision-making includes a set of influences, divided in four categories or factors. These represent the numerous factors that can influence the decision. The interplay between factors for decisions with regard to placement of children in care is different for each individual situation. Case factors concern individual factors at the level of the youth (e.g. externalizing challenging behavior), the parent (e.g. consent of the parent(s) for placement in an alternative family), the educator (e.g. parenting style, ability and willingness to work with parents), the environment (e.g. biological children in the family, placement of siblings). Organizational factors include agency structure and functioning, management practices and staffing. External factors refer to laws and policies informing appropriate decisions and subsequent responses, societal attitude toward child safety and family preservation) And Decision-

maker factors focus on attitudes, knowledge, skill, and other characteristics of the youth care professional making a decision (Spoelstra et al., 2020).

The institutional and legal apparatus established to keep children safe from harm also contains governance, control and normative functions that reflect and maintain political, cultural and social norms. Often, deep social inequities of race, class, gender, ability and location are reflected and intensified through the functions of the child protection system. This can result in different outcomes in the decision-making continuum (Keddell, 2021). The DME provides a suitable framework to identify whether certain political, cultural or social norms influence the decision-making process. The multitude of factors show that matching is a complicated task, in which it must be very carefully examined which foster family or family home fits the child, and vice versa.

The DME places the factors that influence decision-making in context and recognizes that decisions that produce certain outcomes influence the factors that will in return produce more decisions (Baumann et. al., 2011). The DME aims to provide an understanding of both the context and process of decision-making. Decisions which result in action (i.e. out-of-home placement) are called thresholds. The decision threshold concept fits the observation that there is a set of decisions through which decisions pass, but a case must reach a certain threshold to escalate further in the child protection system (Keddell, 2021). In this study, guidelines and published research will be mapped out using the DME to determine how to best describe the threshold for placing a youth in foster care. By doing so, similarities, omissions and gaps in published literature and available guidelines can be made visible.

2.3 Youth assistance in family settings

Youth care within the family is all about strengthening 'normal' life. Under the motto 'it takes a village to raise a child', as many natural sources of support as possible can be built around a vulnerable family. Stimulating a healthy network in the parents' raising of children through their own strength and empowerment is part of the youth policy (Oomen et al., 2017).

Before children are placed in foster care, there have often been family and/or parenting challenges (e.g. low income, parental mental disorders etc) for some time. It is never too late for a child or young person to build a secure attachment relationship with educators. Therefore, a child is preferably placed in a foster family, where a permanent educator takes care of the child. A family offers children more chance to build a stable and safe relationships with trusted people than a group setting, where the child has to grapple with changing group leaders (IGJ en IJenV, 2019; Oomen et al., 2017; Bartelink et al., 2017).

Dutch professionals are likely to work from a family-oriented approach, meaning they do more preventive work as family support at an early stage (Benbenishty et al., 2015). If outpatient support is not sufficient and the decision to place the child in foster care has been made, an important question arises as to where the child can best be placed. Broadly speaking, there are three possibilities for fulltime or part-time placement (Chor et al., 2013):

- **A foster family** (which may or may not be related to the child) take in a child for a short or longer period of time in their own home. The foster parents are supervised by a foster agency and receive a fostering allowance (Reimer et al., 2021). Foster parents do not require any particular pedagogical training (Chor et al., 2013). In the Netherlands, there are legal screening criteria, including a) that foster parents must be at least 21 years old; b) the foster parent is not involved with guidance of other foster parent(s); c) foster parents have a declaration of no objection, which shows that there are no onerous circumstances that prevent caring for and raising a foster child. A foster parent must have successfully completed a preparation and selection project provided by the foster care provider (Jeugdzorg, 2019). Foster care in the Netherlands is arranged by 32 regional youth agencies that offer foster care, working together under the name 'Pleegzorg Nederland'.
- **Specialised foster care** i.e. a home-like setting, often a married couple with socio-pedagogical experience and training and sometimes children of their own (Grietens et al., 2014). In the Netherlands, this is called a 'gezinshuis'; internationally called 'professional foster care' or 'specialised foster care'. There are different types of family-style homes. Some family homes are part of existing care providers and the home parents are employed by a youth care provider. In addition, there is a trend that the larger youth care providers losing their family-style homes and continuing to cooperate through franchise agreements. These family homes then become independent youth care providers, offering youth care independently, without the involvement of a main contractor (Inspectie Jeugdzorg Ministerie van Volksgezondheid, 2016).
- **(secure) residential care**, i.e. a larger institution where children live supervised by professionals (Leloux-Opmeer et al., 2017). This is meant for children who are considered incapable of functioning in a family-like situation. Children may also be placed in an institution because the parents and/or youths themselves do not consent to foster care placement (Bartelink et al., 2017).

3. Research methodology

3.1 Research design

The research method selected is a scoping review. A scoping review can be used to investigate a broad body of literature, including grey literature which was necessary because there were concerns about the amount of information available

In this case, a complex issue with many different influencing factors from practice is investigated for available knowledge from literature and guidelines, aimed at exploring (specialised) foster care (Munn et al., 2018). This study maps elements for out-of-home placements of children into regular or specialised foster care into categories as described in the DME. In addition, this study will identify knowledge gaps in literature and guidelines in the Netherlands. The results of this scoping review aim to help professionals and policymakers be aware that pervasive social inequalities of race, class, gender, ability and location are reflected and amplified through the functioning of child protection systems. This can lead to different outcomes in a series of decisions (Keddell, 2021). It also can lead to more risk of placement breakdowns (Leloux-Opmeer et al., 2016).

3.2 Study inclusion

The inclusion criteria used for this study's search and review of the articles and grey literature for this scoping review are:

- I. Literature written in English or Dutch;
- II. Literature containing elements regarding foster care, particularly the requirements for placing children within foster care;
- III. Literature relating to specialised foster care, which elements are specified for the placement of children;
- IV. Literature published from 2015 onwards to ensure up-to-date information. The year 2015 was chosen as a cut-off point because the Youth Care Act came into force in 2015. Information before this date is less accurate, because of the significant changes in youth care in the Netherlands since 2015 (Jansen, 2022);
- V. Literature mentioning specialised foster care, professional foster care, related mainly to DME factors, with focus on official guidelines published in the Netherlands in association, or by the RIVM, NJI and government.

Exclusion criteria for the review are:

- I. Studies of adopted children or children with intellectual disabilities;
- II. Studies related to emergency placement;

- III. Studies related to residential care (care given in a team of professionals instead of parents);
- IV. Studies related to reunification from children to their biological parents;

3.3 Search strategy

Systematic searches were done with a combination of search terms in the electronic databases of Ebscohost and Google Scholar in January and February 2023. Ebscohost was selected because of its broad scope on international evidence on sociology, social work, family and educational studies. Google Scholar was selected because it may contain grey literature that cannot be found in other databases concerning professional foster care. In addition, grey literature published by government, NJI and inspection has been added.

Given the heterogeneity of terminology in youth care research, a broad range of search terms was used to adequately cover the existing literature. This approach is common when doing a scoping review (Munn et al., 2018). Key search terms were based on internationally common terminology for foster care, specialised foster care and out-of-home-placement. The applied combinations are detailed in table 1. A library search specialist of the University of Groningen has looked at the preparation of the search string in order to verify its validity.

Tabel 1
Key search terms scoping review

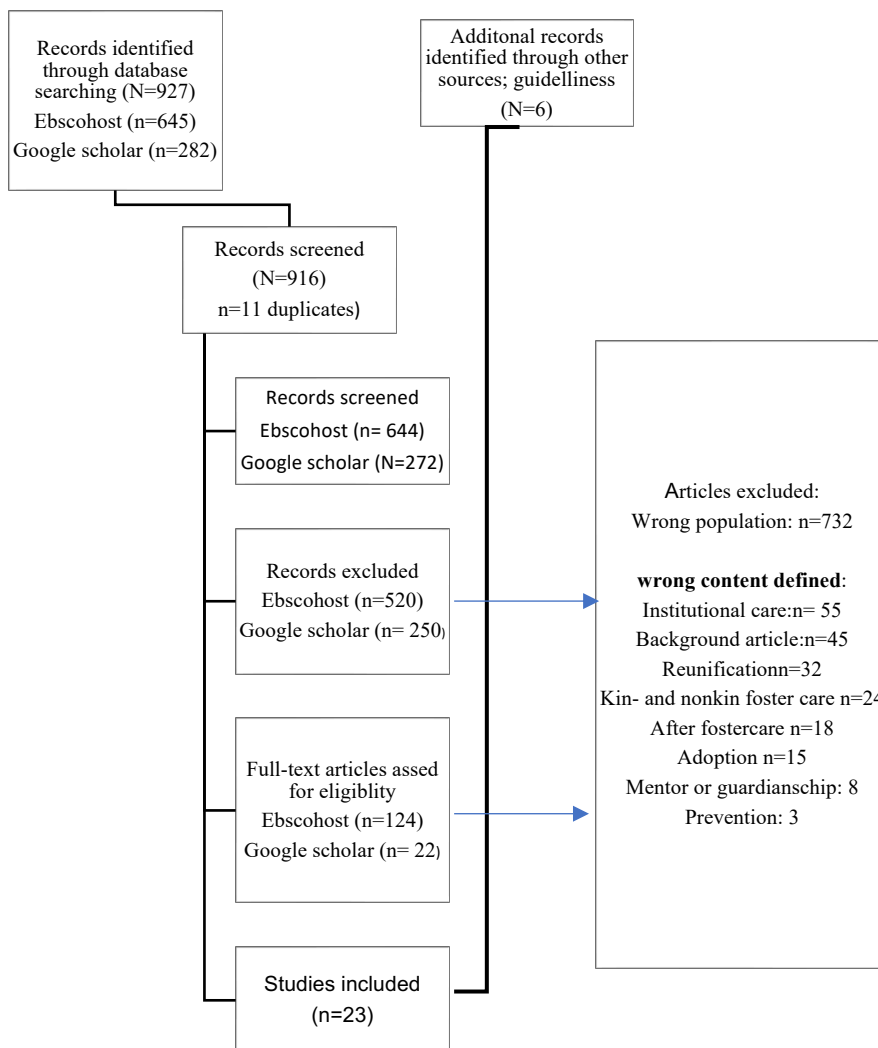
Category term	Search terms
Foster Care	“Foster Home Care” OR “Foster Home Care” “Foster care” “Foster parent*” “Foster Family”
Specialised Foster care	“Specialised Foster Care” OR “Family based foster care” “A family-style group care” “Professional foster care” “Professional foster parent*” “Treatment foster care” “Therapeutic foster care”
In out-of-home care children	“Out-of-home placement” or “out-of-home care”

4. Results

In total 927 articles were identified, excluding 770 by screening and 123 by reviewing full texts, and categorized reasons for exclusion on a PRISMA flow diagram (shown in figure 1). A total of four articles have been found specifically discussing other forms of care than regular foster care. All other articles discuss foster care more generally.

Figure 1

Systematized PRISMA flowchart (Foster care AND Specialised Foster Care AND out-of-home care)



To give a good overview of the results found, the results are described separately for foster care and for specialised foster care, based on the DME factors. Table 3 schematically displays the selected literature from the search string, including author, aim of research and a specification for regular and/or specialised foster care. Table 4 shows an overview of the DME elements found in the article arranged from the DME framework. It is important to note that it is not the characteristics

(mentioned in 4.1.1) from the DME themselves causing placement breakdowns, but rather, the societal inequalities that emerge from these factors.

4.1 Foster care

There are many different forms of foster care. Three types of foster care, non-relative foster care (NRFC), kinship foster care (KFC), and foster-to-adopt family (FAF) are frequently described (Chateaufneuf et al., 2022). In addition, other terminology like simple, permanent and emergency foster care is used (Fuentes-Peláez et al., 2021; Sattler et al., 2018). The closer the situation resembles a family structure, the higher the chance of a successful placement (Cailliez et al., 2022; Graham et al., 2015). There are more challenges reported from foster parents with children placed in NRFC or emergency foster care (Chateaufneuf et al., 2022; Sattler et al., 2018). Placement mismatch disruptions were most likely to happen in non-relative foster care. About 73% of placement mismatch disruptions involved children who were in foster care for two or more years (Sattler et al., 2018). In The Netherlands, adoption after a period of foster care rarely takes place (Goemans et al., 2016). Practitioners appeared to rely more on heuristics than on analytical techniques. Although several guidelines to matching exist, none of the matchers used these guidelines completely (Zeijlmans et al., 2019).

4.1.1 Inequalities

It is important to mention it is not the characteristics themselves causing, for example, placement breakdowns, but rather, the societal inequalities that emerge from these factors. To further explain; race in itself is not causing more breakdowns for children, but the social inequalities behind it, this is the same with gender.

4.1.2 Characteristics of children in regular foster care

- Age

Foster care is mostly intended for school-aged children (Jedwab et al., 2019). The risk of breakdown increases with the child's age (Chateaufneuf et al., 2022; Cailliez et al., 2022; Sattler et al., 2018; Jedwab et al., 2019; Liming et al., 2021). Compared with children who were younger than six years old with the first placement, children who were ten to twelve years old when placed out-of-home had a 259% higher chance of experiencing placement instability; children aged thirteen to fifteen years a 400% higher chance, and those sixteen to eighteen years old a 571% higher chance (Liming et al., 2021). This increase can, among other things, be explained by the fact that older children experience more placement

movements and that fosterparents tolerate more challenging behaviour from younger children (Vanderfaillie et al., 2018). A significant proportion of children placed in out-of-home care experience placement disability. Unstable placement adversely affects children's happiness, children placed in NRFC have a greater change of showing more significant accumulation of problems than children in FAF and KFC encounter (Chateauneuf et al., 2022; Jedwab et al., 2019).

- Race

Sattler et al. (2018) mentions that previous studies have yielded conflicting results regarding the association between child race or gender and placement stability. In this study, Hispanic children had the highest rate of child-initiated disruption, followed by white children and black children. Liming et al. (2021) mentions in his study the child's race, biological sex, age at episode onset, sibling, status foster parents all contribute significantly to placement instability. Developing new approaches for recruiting racial and ethnic minority foster parents, and to incorporate cultural competencies into foster parent training requirements is important (Sattler, et al., 2018).

- Gender

Boys are placed in NRFC more often than girls, who are more frequently placed in FAF. Multivariate analysis revealed that children placed in FAF are less likely to face a high number of movements (Jedwab et al., 2019). Even after controlling for the child's age, gender, and cumulative problems (Chateauneuf et al., 2022; Liming et al., 2021). In most studies that take foster care and specialised or institutional care in regard, girls were more represented in regular foster care than boys (Leloux-Opmeer et al., 2016).

- Contact with biological parents

Research shows that contact between the foster parents and the biological parents may have a negative effect on placement stability. Foster caretakers play a central role in supporting children who maintain contact with their biological parents (Caron et al., 2022; Vanderfaillie et al., 2018). Research found that 70–100% of foster parents report challenges regarding the children's contact with the birth family and/or their own contact with the birth family (Vanderfaillie et al., 2018). Investing in counselling and treatment for the biological parents helps to establish better contacts with the foster parents (Cailliez et al., 2022; Vanderfaillie et al., 2018; Jewab et al., 2019).

- Siblings

Placing siblings together can be conducive to a positive result. Both placement with kin and placement with siblings have been identified as protective against placement instability.

Older children placed with their siblings may feel a responsibility to continue providing care and comfort for their younger siblings (Sattler et al., 2018; Jedwab et al., 2019; Liming et al., 2021). On the other hand, older nonwhite male children without siblings in foster care were significantly more likely to experience placement instability (Liming et al., 2021).

- Reported Behavioural challenges

Children with reported behavioural challenges, are regarded as especially difficult to place with foster families, as it can be challenging and needs special parenting skills. Behavioural challenges, as reported by carers, are associated with high rates of placement breakdown (Reimer et al., 2021; Chateaufneuf et al., 2022; Sattler et al., 2018; Jedwab et al., 2019; Vanderfaeillie et al., 2018): 30% Of all placements broke down within six years, in 71% of cases the cause cited was a child's different needs for which not all foster families feel competent in fulfilling (Vanderfaeillie et al., 2018). Placement stability is positively influenced by less behavioural problems reported by (foster) parents, and better language development (Dubois-Comtois et al., 2015). Research found a threshold for the rate behavior labelled as "problem behavior" that most foster parents appear to tolerate, but this varies as a function of the foster child's age and developmental stage, with higher levels for preschoolers and lower levels for adolescents (Vanderfaeillie et al., 2018). Children placed in foster care who have documented behavioural challenges benefit from treatment as soon as the placement starts and throughout the placement (Vanderfaeillie et al., 2018). It is important to note that these behavioural challenges are often the result of trauma that the child has not received proper support to manage, placement instability, meaning it is the result of systematic failures, and not a child's individual choice.

- Special needs

Foster parents caring for children with special needs can be overwhelmed by the severity of care and need additional support to help these children. Children with health issues as well (Fuentes-Pelaez et al., 2021; Sattler et al., 2018; Jewab et al., 2019). A child with symptoms of mental illness experiences higher rates of placement breakdown compared to children without special needs (Jedwab et al., 2019).

- Adverse Childhood Experiences (ACE's)

Within foster care, it is more common for children to have experienced traumatic events (ACE's). Findings suggest that early screenings may provide important information that

could be used to identify children's needs, which may then be used to make appropriate service referrals, establish well-matched placements, and support foster parents and birth parents toward better permanency outcomes (Akin et al., 2021). In cases where a child expresses trauma related hardship, it is recommended for foster parents to be part of a therapeutic team (Reimer et al., 2021).

Children with a history of sexual and/or physical abuse are more at risk of placement instability (Chateauneuf et al., 2022; Caron, et al., 2022; Cailliez et al., 2022). Foster children with disabilities have a greater risk of abuse, including sexual abuse (Reimer et al., 2021). The timescale and form of abuse is also important (Cailliez et al., 2022). A meta-analysis found increased prevalence rates of 43.1% for insecure attachment, 38.5% for developmental, and 38.8% for mental health issues in abused and neglected preschool aged children in foster care. This may affect placement (Job et al., 2022).

4.1.3 Decision-maker factors

Decision maker factors have to do with the (case)worker making a decision. These are individual factors such as attitudes of the worker, the level of skill and knowledge of the worker. The level of education and training also plays a part and sometimes personal bias like racism (Benbenishty et al., 2015; Fluke et al., 2021). There is research suggesting no direct influence between decision-making factors and placement outcomes, however mediated effects of worker factors on decisions making remains possible (Grahama et al., 2015). It is recommended that professionals are trained at least at bachelor level (Reimer et al., 2021). Caseworkers' frame of reference is a key factor in assessing whether a child belongs in foster care or specialised foster care. In addition, lower placement rates were found for workers with more families of other ethnic groups on their caseload (Grahama et al., 2015; Caron, et al., 2022).

4.1.4 Organizational factors

For children placed in foster care, important criteria for a negative outcome are: lack of psychological follow-up or personal support from social services, as well as long delays between establishing a need for intervention and taking action, and discontinuity or inconsistency regarding placement arrangements. Contributing factors for a positive outcome (e.g. placement stability and a child's proper development) are: diagnosis and treatment of a parent with a mental disorder, early placement in foster care, considering the child's requests regarding placement, the responsiveness of social services and psychological or psychiatric follow-ups. Care based on prevention seems essential for a positive outcome (Cailliez, et al., 2022). Moreover, research shows that well-trained

professionals, who have enough time for screening, home visits, preparation and supervision, are an important factor in creating good-quality foster care (Reimer et al., 2021). Furthermore, beyond these characteristics, results show that the type of family foster care chosen for the child at first placement is strongly associated with placement instability (Chateauneuf et al., 2022). The type of placement chosen at first affects the placement stability (Grahama et al., 2015; Caron, et al., 2022).

4.1.5 External factors

Many countries have been actively trying to reduce their use of restrictive placements, and as a result, children with high levels of need may be placed in foster homes where caregivers have little specialised training (Sattler et al., 2018). More professionalization of foster care is required.

Research points out that policies should invest more in expanding the structures of foster care to ensure that they are no longer regarded as a ‘cheap alternative’, but rather as differentiated and needs-oriented professional child and youth welfare services (Reimer et al., 2021; Sattler et al., 2018).

4.2 Specialised foster care

In order to find characteristics that apply to specialised foster care, research has been done into terms such as professional foster care, specialised foster care, treatment foster care and therapeutic foster care. Many different terms are used for specialised foster care, with literature also stating that there is no clarity about this (Richmond et al., 2017). Specialised foster parents are expected to be able to provide higher levels of intervention by working closely with home therapists, using appropriate tools, and accessing support services (Richmond et al., 2017).

The difference between the various types of specialised foster care, as described in literature, are:

- **Professional foster care** can be offered as a self-employed professional activity. Foster parents are provided with expense allowances and work allowances. For this type of foster care, certain prerequisites are expected of the foster carer, such as being a professional in any of the "welfare" fields (e.g. social work, social pedagogy, psychology, speech therapy or medicine) and/or provide additional specialised nursing services.
- **Specialised foster care** or **Therapeutic foster care** includes specially trained foster carers who use a variety of therapeutic techniques to interact and collaborate with foster children on a daily basis. This type refers to the foster care of children with reported severe mental, physical, emotional and behavioural challenges (Reimer et al., 2021). Therapeutic foster care is a home-based model for caregivers with special training in the field of trauma-sensitive work (Richmond et al., 2017). This type of foster care is less common in European countries.

There are differences between countries in regards to education or training demands. In France, specialised foster parents must have completed at least 300 days of training; in Germany a child-development and education course of at least three years, or a bachelor's degree in social work is required (Reimer et al., 2021). Specialised foster parents are subject to more state supervision than regular foster parents (Reimer et al., 2021). These carers receive higher subsidies than those not recognized as specialist placements. This is because the children they care for often have more complex care needs than those in regular foster homes (Richmond et al., 2017).

4.1.2.1 Characteristics of children in specialised foster care

More boys than girls are placed in specialised foster care (Leloux-Opmeer et al., 2016). Children in specialised foster care are significantly older than children in regular foster care when placed out-of-home. Usually, these children have had multiple placements that did not work out because of various problems that arose after placement, before the choice was made to place these children in specialised foster care (Leloux-Opmeer et al., 2016). The foster children and carer support needs are generally more demanding, with weekly meetings and multiple specialist appointments required for the child. There may be attachment challenges, behavioural or emotional challenges with underlying traumas (Richmond et al., 2017). Children with special needs are more often placed in specialised foster care than other children. Specialised foster care is also more suitable for placing siblings together and letting them stay together, even if one of the children has a disability (Fuentes-Peláez et al., 2021).

4.1.2.2 Organisation factors

Important factors from an organizational point of view are things such as work culture, work processes and (lack of) training. The lack of time, to make a decision do a thorough analysis can have an impact on the choice of most appropriate form of care (Caron et al., 2022).

4.1.2.3 Decision-maker factors

These factors were not explicitly mentioned in the literature related to specialised foster care, but the use of an ACE-screening is mentioned a number of times. ACEs are traumatic experiences a child experiences before the age of 18 that can have lasting effects on their mental health, physical health and overall well-being. Examples of ACE's are when a child experiences abuse, neglect, violence, mental health problems in the family or substance use problems. The use of early screening with regard to ACE could be beneficial for the screening of a qualified carer, however, according to Akin (2021), it may be underutilized in the field. This revealed that children in foster care with greater

cumulative ACE exposure have significantly greater odds of experiencing placement instability. Cumulative ACEs have been associated with a myriad of negative physical, behavioural, social and neurological outcomes that result in placement instability which is why these children may be in need of a more skilled foster parent (Akin, et al., 2021; Liming et al., 2021; Vanderfaeillie et al., 2018).

4.1.2.4 External factors

Many countries have developed alternative forms of care that fall between regular foster care and institutional care. The trend in Europe is towards a diversification of settings and provision of alternative family-like care. In many areas larger foster institutions have closed. This is because care is increasingly provided in small groups in family-like settings. In 2011, at least nine EU Member States had some kind of professional foster care available (Reimer et al., 2021). The needs of children entering specialised foster care are perceived to be increasingly complex, and the gap between regular foster care and specialised care has become a continuum of specialization rather than categorical differences (Richmond et al., 2017).

4.3 Guidelines

In the Netherlands, the government publishes various guidelines and quality frameworks regarding foster care and family homes. This is described in guidelines for both forms of care. If no explicit mention is made of specialised foster care, then it has been assumed that a child can be placed in regular foster care. Table 2 shows that there is a difference in Dutch guidelines with regard to foster care and specialised foster care. The guidelines indicate that specialised foster care should be considered especially when there are special needs, more than average reported problems in behavior, siblings or multiple transfers. Providing decision making professionals with proper support (e.g. guidelines based on evidence) may help to find the best placement with the right care, which could in turn prevent placement breakdowns. The different guidelines give additional direction to the interpretation of specialised foster care, the stated educational requirements of foster parents, the optimal group size and the living climate.

Table 2*Elements foster care and specialised foster care*

Guideline	Foster care	Specialised foster care
Guideline out-of-home placement (Bartelink, et al., 2017)	<p>This guideline indicates that foster care is suitable for boys and girls, regardless of ethno-cultural background or disability.</p> <p>The importance of shared decision-making with biological parents and children.</p> <p>Children are preferably placed in a family, which can be a foster family or specialised foster care family. Place siblings together.</p> <p>Definition of foster care: "a foster family offers care to one or more young people who are temporarily or permanently unable to live at home. Almost all young people have behavioural or developmental problems when they are placed in foster care" – foster parents must be able to adapt family functioning to the needs of the child without disrupting the normal course of life in the family.</p>	<p>Small-scale form of professional family care assistance.</p> <p>Usually three to six children, live together with the foster parents.</p> <p>The foster parents, usually a couple and trained as care providers, offer as normal a family climate as possible.</p> <p>Meant for children who need extra care and attention because of reported serious behavioural and developmental problems.</p>
Guideline foster care (Baat et al., 2019)	<p>Map out at least a year of development; keep an eye out for trauma.</p> <p>Keep transfers to a minimum, as they contribute to an increase in reported problem behavior. Prefer to place siblings together unless not possible.</p> <p>In addition to a guardian, there is also a foster care supervisor.</p>	<p>For children 10 years or older with reported behavioural problems.</p>
Handbook of methodical matching (Spoelstra et al., 2020)	<p>No elements are mentioned for the choice between foster care or specialised foster care.</p>	
Quality framework for specialised foster care (NJI, 2021)		<p>Small-scale form of youth care - organized as a natural family system - where foster parents offer education. Dependent on intensive and professional assistance as a result of abuse and/or complex problems.</p> <p>When children develop extreme behaviour (externalising and/or internalising), this requires a specific pedagogical living environment, a lot of extra attention and professional skills to deal with.</p>

Table 3*Literature selected from search string*

Author(s) (date)	country	research aim	Sample size and context	Methodology	Key findings foster care	Keyfindings specialised foster care
Fuentes-Peláez et.al. (2021)	Spain	To better understand children with special needs in foster care, characteristics, processes, and consequences of their placement.	Population: 2157 Sample: 190	Quantitative - 24 closed end questionnaire.	Different types of foster care explained.	Specialised foster care can be helpful for siblings, children with special needs and other special difficulties or special education needs that require intensive care.
Reimer et al. (2021)	Swiss	This report addresses issues raised in peer review. - find foster parents - prepare foster parents - foster foster networks - create specialised care mechanisms - create foster families for children with special needs or behavioral problems	x	Thematic discussion paper.	The number of foster families available is not sufficient to keep pace with the expansion of the foster care system. Differences in FC between EU states.	Difference between all kinds of FC, difference between states and the skills and training that FC must have.
Richmond et al. (2017)	Australia	Present results of the second phase of the project. This is a qualitative study aimed at identifying successful novel approaches to recruiting, supporting and retaining caregivers and relatives.	n=34 13 agencies and 7 Departments for child protection.	literature review + in-dept telephone interviews.	Definitions of Foster care types in Australia and elements for the different types of foster care.	
Chateaufneuf et.al. (2022)	Canada	Describe the characteristics of the child for each type of foster care	n=361	Case files of Canadian children aged <12 years.	Comparison of stability of children 0-12. Age at first placing is important factor, children with history of sexual and physical abuse more at risk of placement breakdown.	x
Caron et.al. (2022)	Canada	Understand the experiences and challenges caseworkers face in evaluating and selecting potential caregivers, and their need for support in conducting the evaluation.	n=15	Qualitative research design using focus group discussions.	Parenting skills/knowledge/experience of foster parents Case factors.	x

Cailliez et. al. (2022)	France	The outcome of children placed in a welfare center or foster care before the age of 4: Prognostic factors	n= 34	Qualitative study design.	Prevention based care is essential.	x
Job et.al. (2022)	Germany	Examine (a) the number of foster parents using the intervention, (b) the number of foster parents, TCTP* feasibility and process quality, (c) program satisfaction reported by foster parents, and (d) program effectiveness.	n=87 44 random selected families.	Randomised Controlled Trail.	Training: no significant interaction effect between families with TCTP and without TCTP.	x
Akin et. al. (2021)	USA	Investigate undergoing trauma and behavioral health screenings, and screening results are associated with placement stability.	Different N, three different studies with different inclusion/exclusion.	Screening, data collection, and data analysis.	Early screening can provide important information to help identify a child's needs, design an appropriate placement, and help parents achieve better placement outcomes.	Need a larger pool of specialised and skilled foster parents.
Sattlera et.al. (2018)	USA	Investigate child and case characteristics associated with three types of placement disruptions: child-initiated disruptions, placement-mismatch moves and substandard care disruptions.	n= 23,765	Entry cohort study about foster children.	Non-relative foster placements were at higher risk of placement discrepancies or confusion by the child than related placements. We need more placement options and qualified nursing staff. Sibling placement increases the risk of placement instability.	x

Smitha et.al. (2018)	USA	Examine the characteristics of children and cases associated with three types of placement disorders. Interruptions by children, improper placement shifts, and substandard care interruptions.	n=4,949	Literature review - multi-level modelling.	Organizational structure in the final model showed no predictive power, despite reported differences between child protection organizations and studies that showed differences in placement decisions due to organizational factors.	x
Jedwab et al. (2018)	USA	(a) Filling a gap in the literature by measuring the time to initial placement change in different kinds of settings. Unaffiliated nursing homes, kin care, RTC, group homes, and other types of settings. (b) identify predictors of early placement changes for children in out-of-home care.	4,197	Descriptive, bivariate, and survival Cox regression models.	53% Of the children had experienced an initial change in placement within 3 years of the study's observation. FC placements often are younger, school-aged with individual issues. Child level factors associated with placement change.	Type of placement was found to be a significant predictor of an initial placement change.
Grahama et al. (2015)	USA	At the employee level, examine the context of placement decisions by purpose. It provides a more detailed picture than before of the interrelationships between cases, clerks and organizational factors.	n=1,103	Digital survey from workers matched to administrative records.	The closer the situation resembles a family structure, the higher the chance of a successful placemen. DME factors.	x

Goemans et al. (2016)	The Netherlands	Improving and expanding the knowledge needed to support and create evidence-based policies and practices worldwide by focusing on a handful of understaffed companies Factors related to children's social and emotional functioning.	n= 446	Multivariate three-step hierarchical regression analyses.	Three clusters of foster parent characteristics were significantly associated with foster child function. Characteristics of foster care, particularly care-focused interventions Children described the greatest variability in behavior challenges for caregivers. Careful screening and monitoring of social and emotional functioning can help detect problems early.	Children receiving interventions had more documented externalizing and internalizing problems. A possible explanation is that interventions are directed to foster children who need the most additional support.
Vanderfaeillie et al. (2018)	Belgium	Investigation of incidence rate of misalignment Investigating Flemish long-term care in foster care and its association with disintegration with foster child, foster parenting and dropout feature.	n=309	Case file study.	30% of all placements broke down within 6 years. Main reasons: behaviour challenges, conflicts between parents and parenting problems of foster parents. Also older children and children who denied treatment are more at risk.	x
Zeijlmans et al., (2019)	The Netherlands	Discover the heuristics match experts use to determine which family is best suited for your child.	n=20	Interview with using a vignettes combined with the qualitative approach of the 'think-aloud' methodology.	Practitioners appeared to rely more on heuristics than on analytical techniques. Although several guidelines to matching exist, none of the matchers used these guidelines completely.	x

Liming et.al. (2021)	USA	Investigating the Effects of Accumulated Negative Childhood Experiences (ACE) on Abstracts Stabilizing the foster care system for children in Kansas.	n=2,998	Secondary data analysis of a purposive cohort .	Children in foster care with high cumulative ACE exposure were significantly more likely to be experience placement instabilities. Emphasizing the need to proactively address exposure to ACE and trauma when entering foster care.	x
Leloux-Opmeer et.al. (2016)	The Netherlands		n=36	A scoping review technique.	the majority of normally intelligent children in care demonstrate severe developmental and behavioral problems. There are knowledge gaps regarding to risk factors.	Description of different types of specialised foster care and case factors. More behavioural problems..

Table 4
DME factors found in literature

Author(s) (date)	Type of Foster Care	Case Characteristics	Organisational Factors	Extern Factors	Decision Maker factors
Fuentes- Peláez et.al. (2021)	FC SFC	Disabilities and chronic illness. Special Needs. Siblings.	Analysing vulnerability. Make an effort to place child with special needs in FC or SFC.	x	Child with Special need after breakdown rather to residential care than other FC placement.
Reimer et al. (2021)	FC SFC	Children with disabilities have higher risk of abuse and breakdown, And more challenges to find a suitable foster family. Behaviour problems.	Short of FC Families Types of SFC.	Professionalisation and development is required. Invest in more types of FC.	x
Richmond et al. (2017)	SFC	Trauma. Attachment. Complex needs.	SPC: Terminology lacks clarity. Working in a team with specialist and SF parents.	x	x
Chateaneuf et. al. (2022)	FC	Placement instability: Age; Gender; Cumulative problems; Maltreatment; Abuse; Challenges of the biological parents.	Strive for efficiency and rationalisation of data.	x	Consider child's distinct characteristics upon initial placement and the effect of the type of FC. Type of FC first chosen strongly associates with placement instability.
Caron et. al. (2022)	FC	FC parents' skills Maltreatment	Work culture and internal work processes. More training	More access to resources, courses and training	More decision- making tools required.
Cailliez et. al. (2022)	FC	Placement stability: History of previous placements; Relation bio. Parents; Type and timescale abuse; Age at time first placement; Mental health + treatment; Parental mental disorders (certified). Siblings Parental approval FC	Positive: Responsiveness of social services and psychological/psychiatric follow-ups. Care based on prevention. Negative: Delays between establishing fact and taking action, discontinuity regarding placement arrangements.	x	x

Author(s) (date)	FC/SFC	Case Factors	Organisational Factors	External Factors	Decision maker factors
Job et al. (2022)	FC	FC parents training	X	x	Skills FC parents with and without training made no differences.
Akin et al. (2021)	FC	x	Early screenings may provide important information that could be used to identify children's needs, make appropriate service referrals, establish well-matched placements, and support resources for parents and birth parents toward better permanency outcomes.	x	x
Sattler et al., (2018)	FC SFC	Risk placement instability: Age Externalizing behaviour Physical disability Mental health problems Cognitive or learning disability; Behavior problems: Previous risk placements; Type of FC/SPC before; Separate from siblings.	Sibling placement	Reduce use of restrictive placements. Result: children with high levels of need may be placed in foster homes where caregivers have little specialised training.	A large pool of skilled SFC are needed
Smitha et al. (2018)	FC	Age; Individual issues or complex; Gender; Behaviour problems; Siblings placed; Addiction bio. Parents;	X	x	Several case factors (previous case openings and race/ethnicity) help to predict whether a child is placed in out-of- home care.
Jedwab et al. (2018)	FC		Multiple caseworkers Turnover of case workers. Involvement in cases.	System and policy changes affect placement changes. Placement is often determined by child's need and foster availability.	placement in temporary FC because a permanent F placement could not be found. Training and resources stabilise FC

Author(s) (date)	FC/SFC	Case Factors	Organisation Factors	Extern Factors	Decision maker factors
Grahama et al. (2015)	FC	Placement characteristics: Low income bio parents; five factors to significantly influence the percent of cases that resulted in placement into foster care.	External reference caseworkers. Caseworkers need to operate in an environment in which they feel supported. Workload and resources are important.	Caseworkers should be able to trust that their decisions will be supported and that they will not face negative consequences as long as their casework has been conducted thoroughly and appropriately.	Individual characteristics not directly influence DM.
Goemans et al. (2016)	FC	Difference between Dutch Fc and US. Type of FC.	Single FC parents Support at FC parents. Provide treatment as soon as possible: behaviour problems.	In practice a shortage of foster families does not always allow for strict selection criteria. x	Biological children FP Training FC parents: reduce behaviour problems. Most children are placed because of (biological) parenting challenges.
Vanderfaellie et al. (2018)	FC	Risks for placement instability: Age; Behaviour problems monitored during placement; Not getting proper psychological treatment;	Training at FC parents: protective factor. Negative: case workers not using evidence based interventions. Not being trained in behaviour management techniques.		
Zeijlmans et al. (2019)	FC	Matching process in NL.	Consultation with colleagues should be a standardized step in every matching decision.		A quality check to the decisions in practice. Standardized decision-making should not be neglected. The guidelines and tools provided by research have value for matching practitioners. Need of early ACE assessment and identification.
Liming et al., (2021)	FC	ACE's : little is known about relationship between Ace's and placement stability. Age; Siblings;	X	x	
Leloux-Opmeer et. al, 2016	FC SFC	Gender; Age first placement: Types of FC/SFC	X	x	x

5. Discussion

The aim for this research is to look for the elements that can affect placement trajectory for regular and specialised foster care. The elements that emerged were compared with the guidelines published in the Netherlands. This research shows that there is a gap in the existent literature between regular and specialised foster care. At the start of this research, the hypothesis was that there is a lack of characteristics that are important to make a balanced choice for placement within regular or specialised foster. Zeijlemans et al. (2019) states that practitioners appeared to rely more on heuristics than on analytical techniques. None of the existing guidelines were used completely by the professionals interviewed. No matter how guidelines are and how well substantiated, if they are not properly applied in practice, they have no use. This outcome may explain the difference found between literature and practice. Korteling et al. (2023) states that human choices and biases, known as cognitive bias, affect the outcome of deliberations. This implicates that the moment professionals make decisions based on heuristics the chance of breakdowns increases.

Jansen (2022) indicates that there are increasing costs for youth care, in addition there is a growth in the number of family homes in the Netherlands (NJI, 2021). The costs for specialised foster care are a lot higher than the reimbursement of expenses for foster care. This is not reflected in the literature, but this may be a component that can play a role in practice. Municipalities have the task of reducing costs and reducing the splinting in youth care in the Netherlands, but youth care costs are higher than expected (Pelzer et al., 2022).

Thirty percent of placed children have a breakdown within six years, the reason given is that carers feel unable to meet the request for help of the young person (Vanderfeallie et al., 2018). Boys in particular and youth with a higher age at the time of an out-of-home placement have more risk of a breakdown. this is something to take into account when choosing a (specialised) carer. However, early placement in foster care, considering the child's requests regarding placement, the responsiveness of social services and psychological or psychiatric follow-ups have a positive effect (Cailliez, et al., 2022).

The DME provides a suitable framework to identify whether certain political, cultural or social norms influence the decision-making process. From this research it appears there is very little research done in this area. There is a gap in knowledge and how these areas interfere with each other, this can have profound consequences for the people involved. For example, it may impact the choice of decisionmakers for an out of home placement, because they have to make important decisions with limited research-based knowledge. When criteria or thresholds for

placement are not clearly formulated or when guidelines are not used by professionals, errors based on bias, racism and placement based on availability are far more likely (Benbenishty & Fluke, 2021; Spoelstra et al., 2020; Zeijlemans et al., 2018; Grahama et al., 2015; Kendell 2021; Baumann et al., 2021). Furthermore guidelines describe that carers must be able to adapt family functioning to the needs of the child without disrupting the ‘normal’ course of life in the family (Bartelink et al., 2017). This is very difficult to translate into guidelines, as family structures and child characteristics are different and unique in many ways (Cailliez et al., 2022; Baumann et al., 2011).

From the results on this research it appears that most of the literature focuses on foster care rather than specialised foster care. Many different terms are used to refer to specialised foster care which makes it hard to tell the difference. Additionally, each country has its own regulations. Specialised foster care and regular foster care differ in terms of training and financial support (Chore et al., 2012). There are more expectations and requirements for specialised foster care, with a commitment to education (Grietens et al., 2014; Leloux et al., 2017; Chateauneuf et al., 2022). When it comes to the decision to place a child in regular or specialised foster care, the choice seems to depend on various factors (NJI, 2020; Spoelstra et al., 2020). Furthermore Sattler et. al (2018) points to the needs of foster children, the foster care system must have a larger pool of placement options and skilled caregivers, which may require the development of new techniques and incentives for foster parent recruitment and training.

5.1 Regarding placement in regular foster care according to literature

There are many elements regarding the case characteristics, and the literature is generally in agreement about these. In particular for the first out-of-home placement, the age of the child makes a big difference. The younger the child is at the first placement the bigger the chance that it will be a successful placement (Liming et al., 2021). With this in mind it is possible to map accumulation of traumatic events and possible neglect, because literature shows that this accumulation has a negative effect on placement and early on treatment can be beneficial (Vanderfaeillie et al., 2018; Cailleze et al., 2022; Atkins et al., 2021)).

In addition, consent and willingness of the biological family are also important factors, which can be enhanced, among other things, by providing treatment and actively involving families in the process. This has some important implications as it demonstrates the importance of building a good understanding with the biological family. This is something that caregivers can take note of and educate themselves in as an organization to improve their skills (Reimer et al., 2021; Caron et al., 2022).

The literature states that case factors in particular influence the placement, which is also shown in this study (Baumann et al., 2011). Important factors from an organizational point of view are things such as work culture, work processes and training (Caron et.al., 2022). The implications are that all of these things can be changed by an organization to make the quality of care better. However, being unaware of areas of opportunity means organizations are unable to devote resources to this end, so they must do an in depth analysis to identify the key aspects that require changing (Sattler et al., 2018).

Also good screening before, and follow-up after placement is important to increase placement stability (Cailliez et al., 2022; Chateaufneuf et al.,2022; Reimer et al., 2021). There is a risk that children with high levels of need may be placed in foster homes where caregivers have little specialized training, which can result in placement breakdown and the children not receiving the care they need (Sattler et al., 2018; NJI, 2020).

5.2 Regarding placement in specialised foster care according to literature

It has been mentioned several times that an accumulation of factors in particular plays an important role. In various documents, ACEs are mentioned as a possibility to trace an accumulation of factors in order to make a good choice for foster care or specialised foster care. Liming et al., (20121) states that child's race, biological sex, age at episode onset, sibling contribute to placement stability. Reported behavioural and developmental challenges are described as decisive factors. This can be explained by the fact that older children experience more placement movements because caretakers experience more difficulties in dealing with difficult to understand behavior (Vanderfaeillie et al., 2018). In addition, age of first placement and number of previous placements are mentioned as important factors. Children with mental illnesses or other special needs have a higher request for help. To prevent a breakdown caused because by carers lacking the required amount of skills, placing a child in specialised foster care is a possible option (Fuentes-Peláez et al., 2019; Jewab et al., 2019).

Specialised foster carers are expected to have more education, training and supervision to guide this target group. Extreme behaviour (externalising and/or internalising) requires a specific pedagogical living environment, a lot of extra attention and professional skills to deal with (NJI, 2021; Vanderfaeillie et al., 2018; Chor et al., 2012). In the Netherlands there is a shortage of youth care workers, a turnover among youth care workers and a high workload (NOS, 2022, October 22). Youth care costs are increasing, and fragmentation of youth care is still actual, this makes it a challenge for youth care professionals to connect the right request for help to a care recipient who can offer this (Jansen, 2022; Baumann et al., 2011; Spoelstra et al., 2020).

5.3 Regarding guidelines in the Netherlands for placement in regular foster care

It becomes clear that specialised foster care in the Netherlands is organized differently than in other countries. The elements mentioned in literature for foster care and specialised foster care are similar to the guidelines. It is striking that there is no clear distinction between foster care and specialised foster care; as in the literature, there is no clear definition when one or the other should be chosen. This is a concern because making the wrong decision here can cause trauma for children and placement breakdowns. The importance of thresholds as described in the DME can make the choice for one or the other clearer (Keddel, 2021). Through early deployment of therapy, knowledge and awareness, behavioral challenges from an accumulation of negative experiences can be prevented or reduced (NJI, 2020; Coppens & Kregten, 2018).

5.4 Regarding guidelines in the Netherlands for placement in specialised foster care

The guidelines do not give a clear answer to when a child can best be placed in foster care or specialised foster care. This depends on individual problems (especially case factors) and skills of a specialised caregivers and its professional resources. The guideline ‘Quality framework for specialised foster care’ provides guidance for the most important recommended elements for Specialised Foster Care. These are that the young person needs professional guidance 24 hours a day and needs a lot of assistance, as does the biological family. Older children with an accumulation of ACEs are more often placed in specialised foster care (Grietens et al., 2014). Attention is paid to the requirements and skills of specialised foster care and the living environment. It exceeds the scope of this study to describe all these requirements. However, it can be concluded that these requirements correspond to those found in the literature. Given the enormous workload of youth professionals and costs involved in youth care, it is more likely that professionals will base their choices on heuristics rather than exhaustive analysis. In addition, there is a shortage of placement options within both foster care and specialized foster care. This can be a determining factor in the choice of placement.

5.5 Implications for Practice, Policy and Research

The quality in foster care settings must be insured. For children placed in foster care, important criteria for a positive outcome are: psychological follow-up or personal support from social services, as well no delays between establishing a need for intervention and taking action, and continuity or consistency regarding placement arrangements (Cailliez, et al., 2022).

Improving knowledge and skills, individual and organizational is important to have more positive outcomes and less placement breakdowns (Vanderfeaille et al., 2018). This could be

done by offering employees training and education and possibly have carers form a commission in the organization, that would be responsible for overseeing this (Reimer et al., .2021). Policy changes are needed to facilitate these positive changes because if this is not integrated into policy, it will likely not happen (Keddel, 2021). The changes should be something to the effect of a mandatory reviewing of care organizations by an expert panel or commission (Jansen 2022; Bröcking et al., 2019).

Research needs to be done to further investigate and identify the difference between regular foster care and specialised foster care. A mix of different studies would be best. Longitudinal studies regarding foster care, specialized foster care and decision making as well as qualitative studies with the caregivers and children themselves to get a better understanding of this complex issue. If done well this research could save countless children from trauma caused by placement breakdowns. In addition, research is needed into how we can support professionals to make decisions on scientifically based knowledge rather than relying on their own knowledge.

5.6 Limitations

English and Dutch literature is used in this scoping review from 2015, so potentially relevant studies in other languages or dates have not been included. No practical research has been done, there is no information from the daily practice and perspective of professionals or foster parents included in this research. There are many different terms used for specialised foster care, with literature also stating that there is no clarity about this (Richmond et al., 2017). Kinship and adoption were not included, so there may be a lack of important information.

There is a shortage of research on specialised foster care and there was not a lot of agreement in terms of terminology between the research. Some factors of the DME were mentioned less in literature than others. The structure of child welfare services varies from country to country so findings of this research may not translate accurately to the Netherlands. In short there is almost no practical research available in regards to this topic, which implicates there is a lot that is not (yet) understood about it.

6. Conclusion

The research question was: “*What are the elements that can affect placement trajectories in specialised foster care and regular foster care?*” Quite a bit of these have emerged in this study. The first is that older, non-white boys have the greatest risk of a breakdown. Professionals must take this into account when considering placement when looking for a suitable place to live for these young people.

It emerges that literature, as well as guidelines, describe foster care extensively. Other forms of out-of-home care are barely defined. The terminology used sometimes refers to comparable forms of care, i.e. specialised foster care and therapeutic foster care. The first recommendation is that more research needs to take place on specialised foster care. Research needs to be done to further investigate and identify the difference between regular foster care and specialised foster care. Which decision-making factors are important as well as qualitative studies with the caregivers and children themselves to get a better understanding of this complex issue. This allows care providers to make a more balanced choice based on science and guidelines. Workload and lack of time to make decisions and high youth costs are influencing decisions. Research allows decision-makers to make a more balanced choice based on science and guidelines.

There is almost no mention of organization, decision-maker or external factors. The model of Baumann et al. (2011) shows that all factors are important in decision-making. Political, cultural or social norms influence the decision-making process, it is important to be aware of this. Gal (2017) states that by regulation and stimulation from the government to use protocols or guidelines professionals are more aware of using them in practice. The second recommendation is that future literature and guidelines needs to include these elements and a quality check needs to be done in the practice by health care and youth inspectorate (IGJ).

Another recommendation is do longitudinal research on how case factors and the accumulation of live events are related to a breakdown. In particular, the experiences of placed children have to take into account. Child participation, whether or not to place siblings together, creating a healthy network and the skills and experiences of caregivers are important factors here, which from literature can have a more positive outcome (Oomen et al.,2017).

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