

DUTCH SCREENING TOOL FOR ASSESSING RECEPTION FAMILIES

This screening tool is used for assessing the suitability of aspirant reception families. The tool consists of different parts in which, depending on the kind of placement and the existence of a relationship between the child and the family, different accents may be emphasized in the final consideration.

Part I: Item list with questions that have to be asked

1. Offer¹

- age
- gender
- nationality
- preference kind of reception (short term, long term)
- number of places

2. Family situation

- current situation
- opinion of other family members towards taking the child in
- network; friends, family, neighbors (expected reaction on the child)
- visitors, other inhabitants and over-night guests
- frequent contact with other persons
- physical and psychological health
- experience in hosting children (professional or within family/circle of friends)
- recent big changes in the family and if so, what was their impact on the family

3. Education and profession

- source of income
- potential debts
- education of the family members
- profession of the family members
- working hours
- day care (possibilities)

¹ Only specific offer when kinship placement.

4. Hobby's and leisure activities

- hobby's family members
- ideas concerning the importance of sports and hobby's for the child

5. Living circumstances

- sufficient presence of the carers
- description home and neighborhood
- safety home and safety regarding to traffic
- available room / place for the child
- play area if relevant
- provisions such as schools, shops, clubs and a library
- accessibility by public transport

6. Views towards upbringing and safety

A. Own upbringing

- How were you raised yourself?
- What did your parents intent to learn to you in their upbringing?
- How do you judge your upbringing?
- How did you got to know your partner? Was this an arranged situation?
- How did your children got to know their partners? Was this arranged?
- At what age did you marry?
- What was your own family situation when you were a child?
- What were your parents like?
- What would you do differently?
- What do you like about your own childhood?
- How is the contact with your family?

B. Views towards upbringing

- What do you consider important in upbringing (values and standards) and how do you achieve these? For example, how do you want the child to address you?
- How do you cooperate as reception parents: who is responsible for what tasks concerning housekeeping and caring for the child?
- In which matters do children in your family have a say or not?
- What would you do when a child misbehaves?

C. Upbringing skills

- What do you find difficult to handle?
- What do you consider as unacceptable behavior?
- What do you find difficult in raising your own children?
- What would you think about support on upbringing for a child with problematic behavior?
- Which rules would you apply?
- In which way do you apply rules?
- What do you do if a child does not follow the rules? (ability to negotiate?)
- Is it important to you to explain the rules and how do you explain them?
- How do your correct a child?

- How do you stimulate a child?
- How does an argument proceed within your family?
- Does violence occur within your family and if so, how does it proceed?
- How do you know what your child thinks and feels? (sensitivity)
- Suppose that your child would start smoking or does not want to wear headscarf anymore and your compatriots make remarks about it, how would you deal with this?

D. Sexuality

- What do you think about erotic / provocative behavior of the child and how would you deal with it?
- What's your opinion about homosexuality and what would it mean if a child placed in your family turns out to be homosexual?
- In which way do you give attention to sexuality in the upbringing?

E. Safety and risk factors

Child abuse is 'each for a child threatening or violent interaction of physical, psychological or sexual nature that parents or other persons that the child is dependent on actively or passively impose, that causes or may cause severe physical or psychological damage to the child'

It is known from science that there are factors that enlarge the risk on child abuse.

This is why Nidos asks the following questions:

- Have you been victim of child abuse yourselves?
- Did it happen that children in your family were beaten and how did this occur?
- Is child abuse minimalised or denied?
- Does 1 of the family members have a (several) mental disorder, is there a diagnose and treatment?
- Does a family member have suicidal or murderous thoughts?
- Are there problems with the use of medicine (medication, drugs and/or alcohol)?
- Is er bij uw gezin sprake van persoonlijkheidsstoornis gekenmerkt door boosheid, impulsiviteit of instabiliteit?

7. Religion

- Own perception of religion and daily interpretation
- In which way does religion influence the motivation to take care of a child?
- Membership of a church / religious community and which rituals does this implicate?
- How do you deal with children with another religion? How does this fit in to your way of living?
- What's your opinion on habits and rituals that come with certain religions, such as fasting, having an altar, going to Mosque or having a special diet?

8. Motivation

- Why did you apply?
- What are your expectations of the child/the placement:
 - wish to have a child
 - company for only child
 - financial reason
 - social worker motives
 - abuse of child as babysitter/ kitchen help

- religious considerations
- combination of motivation and life events (empty nest, loss child, divorce, loneliness)

Kinship placement

- Why do you prefer to do this?
- What happens if you refuse?
- What happens if we do not place the child within your family? (apologise)

9. Insight in and dealing with cultural differences

- Cultural differences: experiences with other cultures, attitude towards other cultures, in how far should a child adapt themselves, in how far are you prepared to adapt yourself, how do you bridge differences (also between kinship families, tribes, etc.)
- What's your opinion on 'secrets' that children have and how do you deal with them?
- What do you think about your reception child behaving differently from your own children?

10. Questions and signals related to honor issues

- Are there differences within your family as to what boys and girls are allowed? If so, which are these differences?
- Are there things that are respected from you in your culture that you personally not approve of? (for example circumcision of boys and girls and arranged marriages)

11. Impression of social worker themselves

- suitability to receive guidance
- openness
- flexibility
- engagement (distance-proximity)
- ability to let go and attach
- closed family structure
- rigiditeit
- cooperation with Nidos and potentially family of the child

12. Points of attention

- particular medical details of the family with regard to health, is a handicap a problem, what if the child falls ill
- pets
- particular details on living circumstances
- attitude towards uncertain future perspective/return
- holidays, both national and abroad (potential reception if child can't join the family)
- attitude towards sexuality, erotic behavior,
- Aids/HIV/Hepatitis (no standard testing, only if there is a medical indication based on current medical views/ directives . Nidos has an active policy, especially concerning teen-age mums)
- circumcision (ethnic, religious, esthetic or hygienic arguments are no reason for accepting circumcision of boys who are under guardianship of Nidos)
- adoption/ perspective of obtaining a residence permit
- own integration /assimilation/place in Dutch society

Part II: Decision instant

If the **child is already staying with a related family** (kinship carers), or has re-entered the related family after a temporary interruption, the focus should be on continuity of the parenting situation, including continuation of the secure relationship between the child and the carer.

Screening will therefore focus on assessing whether that relationship and the parenting situation are sufficiently safe. Or at least, whether it is safe enough while the child waits for reunification with their biological parents, if reunification is foreseen. To be able to make this assessment, close observation of the interaction between the child and the family is an important source of information. The level of sensitivity of the carers and the responsiveness of the child, in particular, will provide information on the quality of the attachment.

If a **related family being screened has not yet taken care of the child**, continuity of the parenting situation does not yet play a role. But attachment, connection and ‘protective wrapping’ may already exist, and the child’s interests with regard to being placed in their own network has to be part of the screening. The questions that need to be answered are the same as those in the situation described above. Though it may not yet be possible to include interaction and the quality of the attachment between child and carer in the screening, it will still be possible to include the way they talk about each other, how well they know each other, and an impression of their attachment. The commitment of all those involved is of equal importance in this situation.

When **non-related families** are screened, there will not yet be any attachment between the child and the family. Therefore, screening can be done using general questions which take the risk factors for child abuse and any potential protective factors into account. A first assessment of the sensitivity of the carers can be made based on observations of their relationship with their own children. An assessment of the sustainability of a placement is also of importance as it can be helpful for the matching process and for assessing whether a child can, if necessary, stay in the family until maturity.

In order to make a decision on the placement it is important to:

- weigh all the arguments gathered above (include the difference between a related family placement and placement in a family that is new to the child), and
- score A-F from the list below (based on the risk of child abuse)

A. Estimation of the safety of the child within the family

B. Estimation of the risks on child abuse based on risk factors (CARE), the list of signals on early signaling in dependency relations (Movisie) and protecting factors (LIRIK):

- Negative attitude towards help and intervention, also regarding the own problems
- Negative attitude towards the child, risk on Cinderella position
- Problems in interaction between adult(s) and child(ren)
- Family stressors
- Social-economical stressors
- Insufficient social support
- Violent parenting
- Relational violence
- Cultural influences
- Sectarian religion or religious pressure
- Understanding of the role and position of the guardian
- Honor related risks
- Inconsequent moral standards

- Lack of communication at home
- Gossip about the family within the society
- Gossip by the family about family
- Loss of one of the parents
- Former missing of family members
- Sudden move or disappearance
- Intensive contacts with family abroad or sudden traveling to family / family council
- Former reporting of domestic violence
- Abuse or disturbance on the address of the family
- Overprotection or hiding a child
- Defensive attitude towards organizations, authorities or police

C. Estimation of the quality of the attachment in kinship placements:

- Weigh the family relation, affection and durability of the relation that family and child had so far
- How do they speak of each other, characterize each other?
- Would there be disproportional pressure from other family on the placement?

D. Estimation of the durability and the long term perspective of the placement:

- Are the parents healthy?
- Is the age of the family in proportional relation to the age of the child to be able to adequate parenting ?
- Are there any plans for migration?
- Is there a wish to have children of their own or a wish to ask for family reunification, which might conflict with the intention to take care of the child until adulthood?

E. Estimation of Are there any contra-indications:

- Child abuse committed in the past
- Severe psychiatric diagnosed disorders
- Disorder of personality characterized by anger, impulsivity or instability
- Addiction to alcohol or drugs

F. Outcomes investigation referees (at least two of them of which one has to be independent):

- Family doctor
- Teacher(s) of the own children
- National consultation centre baby and toddlers healthcare
- Employer(s)
- refugee counseling organization
- Imam, Priest or Reverend
- District police officer
- Neighbors (if not friends)

Conclusion:

What is in the interest of the child, taking into account safety, continuity of the upbringing and durability of the placement? Mention positive points and points of attention. Also mention negative points and feedback to applicants.

In case of a negative screening of a child who already stays in a kinship family, the social worker, guardian and the behavioral scientist are involved in the decision of ending the placement.