Netherlands Youth Institute

Reform of the Dutch system for child and youth care

4 years later

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1 A new Youth Act

Since the beginning of 2015 all Dutch municipalities are responsible for the whole continuum of care for children, young people and families in need of help. The transition relates to all types of services, including mental health provisions. The 355 municipalities now steer a wide range of services for children and families, ranging from universal and preventive services to the specialised (both voluntary and compulsory) care for children and young people between 0 – 18 years.

Before 2015 there was a different situation. The universal and preventive services were the responsibility of the local municipalities and the youth care system fell under the responsibility of the 12 provinces. Now this 'cut' in the system is finished with a new Youth Act. All preventive and care provisions for children, youth and family are now a local responsibility. This is a huge reform of all administrative and financial responsibilities towards the local level.

1.1 Reasons behind the transition and the transformation

The Netherlands has a long tradition in child and youth social services with a high standard of professional practice. However, during the last twenty years many evaluations have been made trying to explain the misfunctioning of the system caring for children and young people at risk. The main obstacles could be summarised as follows:

1) **Increased use of specialised care.** Preventive services, less intensive forms of support and the own strength of children and youngsters and their social environment were not invoked enough.
2) **Fragmentation.** The child and youth care system lacked transparency because of the many different services, statutory bases, responsible and funding authorities, professional associations and sector organisations. Efficient cooperation between different organisations around the same client(s) was therefore often lacking.
3) **Imbalance in focus.** There was a growing imbalance between attention to normal development and development of risk. The specialised services received more funding in proportion to the universal and preventive services.
4) **Increase in costs.** Due to the aforementioned obstacles the costs of youth care are rising every year.

1.2 Goals of the transformation

To reduce these existing obstacles, a huge reform of the system and practice became necessary. The transition of the child and youth care system was part of a wider process of the transition of social services and gives Dutch municipalities the coordination of most services in the social domain. The change is not only related to the process of decentralising responsibilities, but also to a process of transformation of care.

Since the decentralisation most Dutch municipalities have formed inter-professional local teams to provide comprehensive outreach (youth, family or citizens) care within the neighbourhoods. These teams act as primary youth care providers or generalist care providers for all citizens. The teams differ per municipality but in general they consist of health care workers, social workers, parenting support workers, (school) psychologists and others active in the care field. They are the linking pin between the preventive and universal services and specialised care.

2 Evaluation Youth Act

In 2018 a first comprehensive evaluation of the Youth Act was published. The aim of the evaluation was:

- to give an insight in the current execution of the Youth Act;
- to see if a development into the direction of the transformation goals was noticeable;
- to recommend improvements.

2.1 Status of implementation

The evaluation distinguishes different transformation goals and their level of implementation as follows:

a) **Customised care, less use of specialised care.** The first goal refers to a bigger role for prevention, demedicalisation, normalisation, use of own strengths and customised care as to reduce the use of specialised care.

   So far, there is no perceptible decrease in the use of specialised care. The evaluation also has not yet observed investments in prevention on a large scale by municipalities. But both youngsters and their parents point out that when receiving care, own strengths within the family are more invoked by caregivers.

b) **More coherence.** The second goal refers to the ambition of more coherence in the care provided to youth and their parents through better cooperation between and innovations by the different stakeholders involved. It also refers to better cooperation with adjacent fields of care and support, like psychiatric care.

Both municipalities and youth care providers experience an increasing cooperation between the municipality and providers, amongst providers and with other relevant organisations such as youth health organisations. At the same time, both municipalities and youth care providers report that the degree of cooperation between the parties greatly differs. The cooperation between general practitioners, local teams installed by the municipality and specialised youth care providers is falling behind.

Municipalities observe that working according to the principle of 'one family, one plan, one coordinator' is very hard to realise in the case of multi-problem families.
Integrated working approaches between the different departments within the municipalities are considered as one of the biggest bottlenecks.
Youth care providers see procurement rules as an impediment to more cooperation, since it creates competition, increases administrative burdens and bureaucracy.

The overall opinion of both youngsters and their parents, municipalities and youth care providers is that the continuity of care, after a youngster reaches formal adulthood at 18, needs to be improved. It is still a big bottleneck within the current system and not enough use is being made of the existing opportunities within the legal framework.

c) **More autonomy for professionals.** This goal aims at more autonomy for professionals to provide the best care by reducing the administrative burden.

Both municipalities, providers and professionals themselves are the least positive about the realisation of this transformation goal. The report observes a weird contradiction: although the Youth Act provides for more freedom for municipalities with regard to their youth policies, it has resulted in less freedom for professionals They are confronted with different administrative systems and therefore have less time to spend with clients.

The evaluation concludes that the new Youth Act gave a big impulse with regard to the transition of the youth care system. Both legal and financial structures within the youth system have been transferred to the local level. The transformation of care however, is falling behind.

2.2 Recommendations for improvement

The evaluation considers that the focus of the stakeholders involved should shift from transition to transformation. The report gives different recommendations to this purpose as well as how to improve the current implementation.

1. Access to youth care

For both youngsters and parents, the access to youth care is a bottleneck. Since 2015 the municipalities have been busy in establishing access through the creation of local neighbourhood teams. It is not always clear for clients how to access these teams and they are often shaped differently in every municipality.

The report recommends municipalities to provide for better information about the way in which clients can access youth care. Also other parties are crucial in this, like general practitioners and youth health workers.

2. Waiting time and lists

A clear insight in waiting times and lists is lacking. Therefore it is difficult to create an objective and effective policy to tackle this bottleneck. The report recommends municipalities and youth care providers to agree upon an effective way of registering waiting times and lists.

3. Vulnerable families

Research shows that compared to less vulnerable families, vulnerable families have less positive experiences with youth care. Vulnerable families are defined as single parent families, low income families or families where there are serious concerns about the childrens' development. They experience more barriers in getting youth care and are less positive about the care provided. The general expectation that with the decentralisation especially these families would be better reached has so far not been met. Municipalities and their local neighbourhood teams should therefore pay more specific attention to these families.

4. General Practitioner as a referrer

In the Dutch care system General Practitioners have an autonomous position with regard to referring children to youth care. Often clients prefer their GP over the local teams of the municipality. But the report signals a change in the figures and the number of referrals by GPs is dropping.

Municipalities claim that it is difficult for them to control the access to youth care because of the autonomous position of GPs. The report states that municipalities should not so much approach the access through GPs as a threat, but rather consider them as partners. They can have an important role in signalling problems and they provide for a low threshold for youngsters. Therefore municipalities should invest more in the cooperation with GPs.

5. Procurement

Both municipalities and youth care providers mention the adverse effects of the procurement legislation. The obligation for municipalities to procure youth care stimulates competition rather than cooperation between youth care providers. Another adverse effect of procurement is that due to a new contract with another provider, clients are confronted with changes in caregivers. Given these adverse effects, municipalities should explore further how the instrument of procurement can contribute to cooperation or whether other forms of procurement can be used.

6. Budget

The decentralisation came with a budget cut by the central government. Municipalities consider financial shortages in their youth care budgets as their biggest bottleneck. Whether these shortages are a temporal or structural problem is not known so far and the report advises to gain a better insight in how the means are being spent.

7. Quality of care

Since there is no uniform set of quality indicators and figures are missing the evaluation cannot provide a reliable and quantifiable statement about the quality. In the current situation different municipalities introduce different quality indicators. Not only does this create an increasing administrative burden on youth care providers being contracted by a multitude of municipalities, it also makes comparison and reflection between municipalities impossible.
The evaluation therefore advises partners to create a uniform set of outcome-indicators with client satisfaction at its core. Municipalities should also invest more in monitoring and actively involve their councils.

8. Professionality of youth care

The diversity in local teams within the municipalities is big, both in goals, activities and level of professionality. The local teams have been given a crucial role in the realisation of the transformation. Given this role it is important that their professionality is safeguarded and municipalities and the professional field discuss a shared vision on the quality and professionality of these teams.

9. More autonomy for professionals

Since this transformation goal is far from being reached, the report recommends a reduction in municipal regulations including those related to control and accountability. But the report also points out the responsibility of youth care providers to check for obstacles within their own organisations. Both municipalities and providers should work on this together.

10. Safeguarding legal position

Sometimes youngsters are placed in a closed residential setting without a court judgement authorising such a placement. Or youngsters are confronted with measures infringing their freedom in open residential settings. Both professionals and youth care organisations should be alert on such illegal infringements. Also the difference in legal safeguards for youngsters placed in juvenile residential settings and closed non-juvenile settings should be looked into.

Thirdly, the report considers that municipalities and youth care providers should explore other possibilities of dispute resolution and research possible roles for a local or childrens ombudsman.

3 Conclusion

The evaluation concludes that most changes so far can be characterized as transition. The main goal, being the transformation, still has to be realised.

The evaluation points out that it could not be expected for the transformation to be realised by 2018. Given the ambitions of the Youth Act, time is needed to realise the changes aimed for. The challenge lies in showing that a more coherent approach will in the long end prove to be successful. Additional conditions for such a success are investing in prevention, parenting support and cross-domain cooperation. Local teams have an important role in this.

According to the evaluation it is crucial that a learning system is being shaped, where municipalities together with clients, youth care providers and caregivers find ways to realise the goals of the Youth Act.

3.1 Action Programme Taking care of youth

After the evaluation the responsible ministry of Health, Welfare and Sport has discussed the evaluation with key stakeholders, both on national, regional and local levels. In response to the evaluation and outcomes of the discussions the ministry has launched the Action Programme Taking care of our youth in April 2018.

Goal of this action programme is to continually improve youth care, youth protection and youth probation in such a way that children, youngsters and families timely receive appropriate care. The ambition is to better support children, youngsters and families during the life path of a child. And to improve the professionality of youth care professionals.

The action programme is divided in 6 lines of action:

1) Better access to youth care for children and families
2) More children raised at home
3) Every child gets the chance to develop itself
4) Better support vulnerable youngsters towards independence
5) Better protect children when their safety is at risk
6) Investing in the professionality of youth care professionals

The minister of Health, Welfare and Sport and the minister of Justice and Security (child protection is a responsibility of the latter) report together twice a year to the parliament about the programme's progress. Also figures (i.e. the number of children in foster care) and client satisfaction scores are included in the reports provided to the Dutch parliament. Till 2021, five million euro's is reserved each year by the Minister of Health, Welfare and Sport to fund the action programme.