



# The decentralisation and transformation of the Dutch youth care system

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## Introduction

In the years to come the Dutch youth care system will be decentralised and transformed. From 2015 on the municipalities will be responsible for all youth care services. The new youth care system should be more efficient, coherent and cost-effective. A focus on prevention, youth's and parents' own capacities, care made to measure and a better cooperation between professionals must decrease the use of the specialised services. This factsheet describes the Dutch government's plans up to June 2014.

## Current situation

In The Netherlands the Ministry of Health, Welfare and Sport is responsible for overall youth policy and most specialised services for families and children. The Ministry of Security and Justice is responsible for juvenile justice policy and related institutions. The 15 provincial authorities/large urban areas and 403 local authorities also have responsibilities regarding youth policy and related services. They carry out their tasks with a great degree of autonomy.

The Dutch youth care system consists of:

- Universal services;
- Preventive services;
- Specialised services.

Different layers of the Dutch government are responsible for coordinating these services.

## Universal services

The 403 Dutch municipalities are responsible for universal and preventive youth policy. Universal services are for example youth work, child care and regular schools. These services aim to facilitate the normal development of children and to prevent small problems of children and families turning into severe problems. These universal services are funded by a variety of agencies. Municipalities aim to strengthen these universal services in order to enable professionals to adequately solve small problems in children's upbringing and to detect more severe problems. Municipalities in The Netherlands also aim to stimulate the cooperation between the different universal services.

## Preventive services

The municipalities are also responsible for preventive youth policy. Preventive services (or primary youth care services) are for example child health care, general social work, parenting support and the Youth and Family Centres. These preventive services aim to detect problems at an early stage, to intervene at an early stage, to coordinate support and to refer children and families to the provincial youth care services.



The preventive services also take care of staff training of professionals in the general services and they implement preventive programmes in these services. The preventive services are funded by a variety of agencies, but the municipalities are responsible for facilitating a suitable offer of preventive services and coordinating the cooperation between these services in the Youth and Family Centres.

### **Specialised services**

Both the regional and national government are responsible for the specialised services for youth and families. Specialised services are for example the provincial youth care services, youth mental health care services and child protection services.

In The Netherlands, 12 provinces and 3 large urban areas are responsible for the so-called Youth Care Agencies and the youth care services. The provincial Youth Care Agencies are access points for the provincial youth care services. These independent agencies assess the needs and the situation of children and families with serious development and/or parenting problems and refer them to these services. The provincial Youth Care Agencies are also responsible for the coordination of care, youth protection and youth probation. In contrast, the provincial youth care services provide specialised care, coordination of care and aftercare. Their services include intensive ambulatory support and specialised pedagogical support at home for multi-problem families, semi-residential care, residential care and foster care.

The so-called Care and Advice Teams build a bridge between the preventive youth care, the youth care and primary, secondary or tertiary education. These teams consist of professionals from the Youth and Family Centres (mainly the child health care) and Youth Care Agencies, education professionals, social workers, police and truancy officers. These teams aim to support schools in detecting and dealing with problems of pupils at risk at an early stage. So-called Care and Advice Teams also support schools in referring pupils at risk and providing coordinated, more specialised care.

In The Netherlands the national government is responsible for the specialised education services, care for youth with mental disabilities, juvenile justice institutions as well as secure care. Health insurance companies are responsible for youth mental health care. Children and families can be admitted to these services in different ways, depending on the type of care. The main route of entry is via the Youth Care Agencies, but for instance general practitioners also play an important role.

### **Child protection**

The Advice and Reporting Centre on Child Abuse is also part of the Youth Care Agency. Professionals and citizens can ask this agency for advice when they suspect a child to be abused or neglected. They can also report suspicions of child abuse to this agency. However, there is no legal obligation for professionals to report child abuse. The Advice and Reporting Centre on Child Abuse investigates the reported suspicions and in case of child abuse or neglect it tries to find appropriate solutions in cooperation with the children and parents. The agency hands over serious cases and cases in which parents do not want to cooperate to the Child Care and Protection Board.

The Ministry for Security and Justice is responsible for the Child Care and Protection Board. The board's main tasks are to provide protection, to advise the court about child custody and other matters following parental divorce and to oversee the course of criminal proceedings involving minors. Upon receiving a referral, the board will determine whether the child's development is indeed at risk, and if so, to what extent. The board will then advise the juvenile courts that can impose a child protection order on the parents, impose a supervision order or overrule the standard parental authority. A supervision order means that parents' authority is restricted and partly taken over by an official guardian. When parental authority is removed outright, a guardian is appointed.

The Support Centre for Domestic Violence is a centre where professionals, victims, perpetrators or other people involved in domestic violence can seek advice about how to stop domestic violence. This centre is a kind of front office for the local and/or regional authorities that work together. 35 large municipalities are responsible for these Support Centres for Domestic Violence.

### **Relevant legislation**

In the Netherlands there is no encompassing law for issues on children and young people yet. However, two laws are very important.

The Youth Care Act (2005) is the legal framework of youth care services for youth at risk and their families. It aims:

- to ensure that high-quality care is available to young people and their parents;
- to strengthen the position of young people and their parents.

According to this law, children that received an admission to care from a Youth Care Agency can claim their right to actually receive youth care.

The Social Support Act (2007) holds municipalities responsible for setting up social support. The aim is participation of all citizens in all facets of society, if necessary with help from friends, family or acquaintances. The local authorities have a high degree of freedom regarding the implementation of the law's nine so-called 'performance areas'. Regarding preventive development for children and parenting support for parents all municipalities must:

- offer information and advice;
- identify possible problems;
- give guidance to help;
- offer pedagogical help;
- coordinate care.

The current Youth Care Act (2005) has been revised to provide one legal framework for all child and youth related issues. On the 18<sup>th</sup> of February 2014 the Dutch Senate adopted the new Youth Act. The new act also replaces parts of other laws that regulate issues like child and youth mental health care and care for mentally disabled children and youth. Most sections of this Youth Act will come into effect on the 1<sup>st</sup> of January 2015.

## **Problems regarding the current youth care system**

The current youth care system in The Netherlands faces many problems:

### *1. Imbalance in focus*

There is an imbalance between attention to normal development and development at risk. The specialised services receive more funding in proportion to the universal and preventive services.

### *2. Fragmentation*

The youth care system lacks transparency because of the many different services, statutory bases, responsible and funding authorities, professional associations and sector organisations.

Implementing innovations is often difficult.

### *3. The prevailing practice of referring clients*

As there are many different specialised services, often one organisation can not meet all needs of children and adolescents and their families cannot be helped by one organisation. Therefore they are referred to different organisations that often do not cooperate very well. The admission procedures of these organisations are also complicated and take much time which prevents children and families from quickly receiving the care they need.

### *4. Increased use of care, use of medication and expenditures*

The demand on specialised care augments by approximately 10% every year. According to epidemiologists this rise cannot be explained by an increase in problems. It seems to be caused both by an improvement in detecting problems and the earlier mentioned imbalance between services, the fragmentation of the youth care system and the domination of referrals. Children and families are referred to specialised services too easily and deviant behaviour is treated with medication too often. Increased use of specialised care leads to increased expenditures.

### *5. Unmanageability*

When one type of services receives less funding the demand of other types of services increases. For example, restricting the use of youth mental health care by its financier may lead to a larger demand on provincial youth care.

Due to the problems mentioned above children and families may receive inadequate treatment: either too much or not enough.

## **Future situation**

According to the Dutch government the Dutch youth care system should be more coherent, more transparent, more efficient and less expensive. The pressure on the specialised services should be reduced. Therefore the Dutch government will revise the system by a decentralisation as well as a transformation:

- A decentralisation of all administrative and financial responsibilities related to youth policy from the national and regional government to the local government.
- A transformation of the current focus and way of working in policy and practice.

## **Legislation**

The current Youth Care Act (2005) has been revised to provide one legal framework for all child and youth related issues. On the 18<sup>th</sup> of February 2014 the Dutch Senate adopted the new Youth Act. The new Youth Act contains all tasks and means of the municipalities regarding the youth care system. The new act also replaces parts of other laws that regulate issues like child and youth mental health care and care for mentally disabled children and youth.

In addition, the Youth Act provides clarity about the national and local government's responsibilities regarding the quality of youth care. The explicit right of children to receive youth care, as stated in the current Youth Care Act, is not mentioned in the new Youth Act. Instead the Youth Act states that from 2015 on municipalities will have a duty to present an adequate offer of care, qualitatively and quantitatively.

On the 14<sup>th</sup> of March 2014 the government published the new act in the Government Gazette. Most of the sections of the new Youth Act will come into effect on the 1<sup>st</sup> of January 2015.

### **Decentralisation**

By adopting the new Youth Act, Dutch parliament agreed to decentralise all administrative and financial responsibilities related to youth policy from the national and regional government to the local government. This means that municipalities will become responsible for a wide range of services for children and families, ranging from universal and preventive services to the earlier mentioned specialised (both voluntary and compulsory) care. This is expected to enable municipalities to develop integrated policies and to offer well coordinated care made to measure and support, geared to local and individual situations and needs. This decentralisation should also lead to a cost reduction.

Within the new youth care system it is the local government's duty to offer services to children, parents and professionals. This in such a way that children can grow up safely and healthily, can become independent and participate socially in accordance with their age and development stage. The municipality decides about which services are available for all children and families and which are only available for children and families with specific needs. The municipal Youth and Family Centres can act as front offices for the municipal youth care services, as well as the aforementioned multidisciplinary neighbourhood teams. Also, general practitioners, youth doctors and medical practitioners can refer children and families to preventive and specialised youth care services.

The new Youth Act states that municipalities should provide a place where youth and professionals can ask their questions, can receive advice and share their concerns about the upbringing, development and safety of a child. Parents are not mentioned explicitly in this section of the law, but the Social Support Act states that municipalities should provide a plan for designing, executing and safeguarding the quality of preventive support for parents with parenting problems in general.

The so-called Advice and Reporting Centre on Child Abuse and the Support Centre for Domestic Violence will merge into one agency: the Advice and Reporting Centre for Domestic Violence and Child Abuse. Municipalities have to set up such a centre in their municipality or region. The tasks of the Advice and Reporting Centre on Domestic Violence and Child Abuse are described in the Social Support Act:

- providing advice to people who have concerns about a child/family
- registering reported (concerns of) domestic violence and child abuse
- investigating the cases
- deciding about which steps to take next
- calling in organisations to offer children and families suitable support and care
- if necessary, reporting to the police or the Child Care and Protection Board
- if necessary, notifying the city council about the report to the Child Care and Protection Board
- and informing reporters about what has been done with their reports.

For municipalities it will be necessary to cooperate on a regional level, because they are too small to perform all tasks themselves, are not able to deal with fluctuations in the demand of expensive care, do not have the specific expertise needed, have important partners that operate on a regional level and/or do hardly have a voice in large regional education alliances on their own. Municipalities have therefore formed regional alliances to organise residential care, foster care, child protection measures, youth probation, certain types of specialised care and/or secure care. Municipalities will decide about which care is organised on the municipal level and which on the regional level. Also the scales of the alliances differ. Alliances between several regional alliances are possible as well in order to offer very specific care. Municipalities should work in close cooperation with regional educational alliances too. On the 1<sup>st</sup> of October 2013 there were 42 regional youth care alliances.

The national government will introduce a single funding system for all youth care. The municipalities will receive means for providing youth care services according to a cost-allocation key. In 2015 the youth care budget cut will be approximately 3 percent rising to 15 percent in 2018.

### **Transformation**

In the last few years, many stakeholders in The Netherlands expressed their views on the ideal youth care system. Several stakeholders, like the Netherlands Youth Institute and the Council for Social Development, advocated a transformation of the youth care system, not just a decentralisation. This advice has been adopted by the Dutch government. The stakeholder's visions have been elaborated and many were adopted in the new Youth Act.

According to the Youth Act the focus of support and care should be on the normal development instead of the problematic development of children. The starting points of youth policy should be:

- Activating, restoring and strengthening the capacities of children, youth, parents and their social environment to solve problems.
- Improving the parenting capacities of parents and their social environment, so that they are able to bear responsibility for the upbringing of children and youth. Municipalities should strengthen the pedagogical climate in families, areas, neighbourhoods, schools, play grounds and child day care. And their policies should aim to improve the safety of children and youth.
- Prevention, early detection and early support.
- Offering timely suitable care made to measure and close to home. This includes improving the safety of children and youth and out of home placements in environments that are most similar to family environments, like foster care.
- Effective and efficient cooperation regarding families.

Professionals should get the leeway they need in order to adequately support children and their families. They should work according to the 'one family, one plan and one director' principle, which means that every family should have one assistance plan only for all kinds of support related to the upbringing of children. One professional should coordinate the care provided. This professional should be part of a multidisciplinary neighbourhood team consisting of professionals from various health and welfare disciplines like youth care, youth health care, preventive social work and youth mental health care. The target groups and the severity of the care provided by the neighbourhood teams depend on the focus that is chosen by the municipality in which they operate. Read more about this development in the factsheet [Generalist working with youth and families in The Netherlands](#) (Hilverdink, 2013).

In addition, the new system should stimulate prescribing less medication to children with (signs of) development disorders.

## **Quality measures**

To guarantee the quality of the youth care additional quality measures will be taken. For example:

- The new Youth Act describes the youth care's quality criteria.
- Services conducting child protection measures and offering youth probation should be certified.
- Monitoring the youth care system and services will be both the national and local government's responsibility. The Society of Dutch Municipalities and the national government have developed performance indicators for services that can be used by municipalities.
- Professionals providing specialised care must hold a professional certification and must have had a police record check.

## **Related changes**

The transition in the youth care system does not stand alone, but is connected to policy, budget cuts and decentralisation measures in the fields of long-term care, employment and education.

## **Decentralisation and transformation process**

### **Reshaping the system based on transformation**

The Netherlands Youth Institute developed guidelines for a decentralisation of the youth care system on the basis of transformation:

1. Start with an overview of the state of affairs regarding children and youth, based on figures from monitors. This includes insight into the number and the severity of problems of children and youth, risk factors and protective factors.
2. Formulate ambitions based on this state of affairs and in cooperation with citizens and services.
3. Provide insight into the offer, quality, results and effectiveness of support and care offered by services.
4. Reshape the system together with educational services by offering a continuum of services (from civil society building to services that deal with out of home placements). Strengthen every part of the system. Aim for offering care as early as possible and as nearby as possible.
5. Select and subsidise services based on the results of the aforementioned actions.
6. Monitor the process and adjust the plans and actions if needed.

### **Timeline and implementation support**

The decentralisation and transformation process should be completed by the 1<sup>st</sup> of January 2015. The process is supported in several ways.

A national Transition Agency of the government and the Society of Dutch Municipalities supports municipalities, care providers and client organisations during the transition process. This agency consists of representatives of both ministries involved and the Society of Dutch Municipalities. In March 2014 it published the fourth version of its so-called 'Timetable for the implementation of the decentralisation of the youth care system'. The attached focus list for 2014 includes, among other things, deciding on policies and regulations, signing contracts with care providers and estimating the municipal budget for 2015.

A Transition Committee of the government, the Interprovincial Conference (the united provinces) and the Society of Dutch Municipalities monitors the transition process and reports about it. From April 2014 on the new Transition Authority Youth supervises specific cases in which a lack of solid agreements between municipalities and care providers prevent the continuation of care. The Society of Dutch Municipalities monitors the regional cooperation agreements of municipalities. The national government can impose adequate regional cooperation between municipalities if they fail to do so.

From 2015 on Statistics Netherlands will collect and provide periodically information about the use of support and care for children and youth in every municipality. The government will report annually about the quality and accessibility of all care for youth related to the available municipal budget.

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