

Children and youth support and care in the Netherlands



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Content

Introduction.....	4
Decentralization and transformation of responsibilities and approaches	4
Reasons behind the transition and transformation	4
Current situation	5
Legislation.....	5
Services and provisions.....	6
Universal services	6
Preventive services	6
Specialised services	7
Integrated working approaches.....	7
Regional collaboration	7
General introduction on the Dutch education system	7
Freedom of education.....	7
Integrated approaches in school.....	7
Reshaping the system based on transformation.....	8

Introduction

In the Netherlands, the term youth is applied to children and young people from 0 up to the age of 25. In 2015, there are almost 5 million children in this age group¹. One in five young people in Holland have an ethnic background. As in most other industrialized countries, the proportion of youth in the total population is decreasing. Dutch children are among the happiest and healthiest in the world, according to much international research. This was confirmed in the UNICEF report card 11 (April 2013) on the well-being of children in rich nations, in which The Netherlands had the highest score. They grow up happy and healthy, but there are still a large number of children and young people that need extra support and care during their childhood.

Decentralization and transformation of responsibilities and approaches

Since the beginning of 2015 all 393 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 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 was under the responsibility of the 12 provinces. Now this 'cut' in the system is finished with a new Child and Youth Act and all preventive and care provisions for children, youth and family are now a local responsibility. This is a huge transition of all administrative and financial responsibilities towards the local level.

Reasons behind the transition and 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 disfunctioning of the system caring for children and young people at risk. The main obstacles could be summarised as follows:

1. **Imbalance in focus.** There is 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.
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. Implementing innovations is therefore often difficult.
3. **The prevailing practice of referring clients.** With many different specialised services, often one organisation can not meet all needs of children and adolescents and their families cannot be supported by one organisation. Therefore they are referred to different organisations. 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.** The demand of 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 to specialist services.
5. **Unmanageability.** When one type of services receives 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 child and youth social care.

¹ See also the national Youth Monitor; <http://jeugdmonitor.cbs.nl/en-GB>

To reduce these existing obstacles, a huge reform of the system and practice became necessary. The transition of the child and youth care system is 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 on a process of transformation of care. There will be more focus on a bigger role of the family and social networks in the care process, more prevention and a better coordination and integration of services. This should lead to more coherent, more effective, more transparent and less expensive services for children, young people and families.

It means a huge decentralization and transformation of the Dutch youth care system. The main changes are that there should be a stronger focus on prevention, youth's and parents' own capacities, care made to measure and a better cooperation between professionals. 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 and more effective working methods. These efforts must decrease the use of the specialised services.

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 Ministry of Education is responsible for all educational matters in the Netherlands. The Ministry of Social Affairs and Employment executes the labour related measures, including the Child Care Act for the Kindergartens and playgrounds in the Netherlands. The 393 local authorities now carry out their tasks with a great degree of autonomy.

Legislation

The new Child and Youth Act (2015) states that local municipalities are responsible that their youth policy:

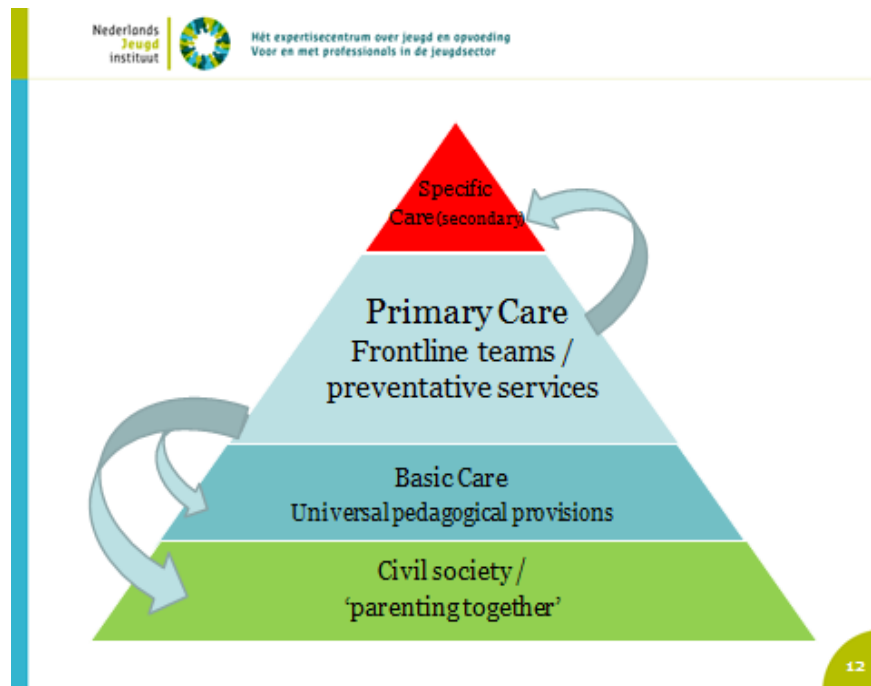
- Activates, restores and strengthen the own capacities of children, youth, parents and their social environment to solve problems.
- Improves the parenting capacities of parents and their social environment, so that they are able to bear responsibility for the upbringing of children and youth. Municipalities 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.
- Includes prevention, early detection and early support.
- Offers timely suitable care made to measure. 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.
- Contains effective and efficient cooperation regarding families.

The transitions in the youth care system do not stand alone. Next to the new Youth Care Act, also other Acts in Social Support for all citizens and the new Act on Income and Labour for all were given local responsibility since January 2015. This should provide municipalities the opportunities for more integrated approaches in support and guidance from a variety of disciplines and policies.

'One family, one plan, one coordinator' is the underlying principle of these three decentralisations in the social domain. There is also a fourth decentralisation: the introduction in 2014 of the Act on '*Appropriate education*' (*passend onderwijs*), which assigns a duty of care to schools to include children as much as possible in mainstream education. The Act) states that schools have the responsibility to provide a suitable learning place for every child. Mainstream and special needs schools must co-operate in regional alliances to offer children a learning place at one of the mainstream schools, if needed with extra support in the class room, or at a school for children with special needs. The schools should closely involve parents in this matter. In this respect, connections need to be established with the other decentralisations.

Services and provisions

It is the local government's duty to offer children, parents and professionals services. This in such a way that children can grow up safely and healthy, can become independent and are self-sufficient and participating socially according to their age and development stage. The municipality decides about which services are freely accessible and which are not. The Dutch youth care and welfare system consists of: universal services, preventive services and specialised services. Different layers of the Dutch government are responsible for coordinating these services.



The aim of new Child and Youth Act is: decreasing the number of children in specialized care and increasing preventive and early intervention support and promoting the use of social networks.

Universal services

Universal services are for example youth work, child care and schools. These services aim to facilitate the normal development of children and to prevent small problems of children and families turning into severe problems. 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

Preventive services (or primary youth care services) are for example child health care, general social work, parenting support and in many local municipalities, also within 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 specialized youth care services. The municipalities are responsible for preventive youth policy.

The municipal Youth and Family Centres which are existing in quite a few municipalities (but not in all) may act as front offices for the municipal youth care services, as well as the new multidisciplinary teams which are now active in almost 70% of all municipalities. They are the linking pin between the preventive (and collective) services and the specialized care.

Specialised services

Specialised services are for example the youth care services, youth mental health care services and child protection services. The provisions available should assess the needs and the situation of children and families with serious development and/or parenting problems. They also provide specialised care, coordination of care and aftercare, including intensive ambulatory support and specialised pedagogical support at home for multi-problem families, semi-residential care, residential care and foster care.

Integrated working approaches

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. Since the new Acts started most local municipalities experiment with setting up and developing multidisciplinary teams of professionals in the youth welfare, mental health and social work fields. They work within integrated working approaches to work with one family, one plan, one coordinating case manager. The “*local area teams*” work either preventively within the local neighbourhood in close collaboration with the universal services or are more situated as being the close connection between the preventive approaches and the specialized services. Local municipalities may choose themselves which models fits the local situation best and therefore many models are now in operation; either teams working for all citizens (the 0 – 100 years approaches), specialized youth teams or teams working within schools or combined models. Read more about this development in the factsheet [Generalist working with youth and families in The Netherlands](#) (Hilverdink, 2013).

Regional collaboration

For some of the smaller municipalities it is 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 organize residential care, foster care, child protection measures, youth probation, certain types of specialised care and/or secure care.

General introduction on the Dutch education system

In the Netherlands, school entrance is possible at the age of 4. Approximately 95 per cent of all children start school when they turn four years old. Entrance is possible at any day of the year, except of course for weekends and school holidays. However, children in the Netherlands are obliged, from the moment they reach the age of 5 until the end of the school year they turn 16, to participate in full-time (five days a week) education. After the age of 16 there is the qualification requirement for all young people until the age of 18 without a starting qualification. The aim is that all young people have at least a certain level of secondary education.

Freedom of education

One of the important characteristics of the education system in the Netherlands, which is described in article 23 of the Dutch constitution, is freedom of education, i.e. the freedom to found schools, to organize the teaching in schools and to determine the principles on which they are based. This means that people have the right to found schools and to provide teaching based on religious, ideological or educational beliefs and that they are entitled to determine how they wish to organize and design their education.

Integrated approaches in school

Schools have the duty to provide the care children need to go to school despite of the problems of the children or their families. There are three types of care that can be provided at school:

- Basic care: like school social work and remedial teaching

- Extra care: when basic care isn't enough, extra care can be provided. Extra care can be youth care or mental health care at school for example.
- Specialised care: this is the most expensive type of care. This contains for example special needs schools and specialised mental health care.

How these types of care are funded is different per municipality and per school. The basic care is always funded by the school. Extra care differs, but for most of the schools it concerns collaborated funding between the school and the municipality. Specialised care is funded by the school, the municipality and sometimes also by the national government (e.g. through the law on long-term care for all) and health insurance companies.

In practice schools collaborate with youth care in multidisciplinary school teams. They build a bridge between the preventive youth care, the specialised youth care and primary, secondary or tertiary education. These teams consist of professionals from mainly the child health care and education professionals, social workers. These teams aim to support schools in detecting and dealing with problems of pupils at risk at an early stage. These teams also support schools in referring pupils at risk and providing coordinated, more specialised care. With the current developments at local level e.g. the setting up of the '*local area teams*', also the maintenance of these school multidisciplinary teams is under reconstruction. In most municipalities a member of the local area team is also a member of the multidisciplinary school team.

Reshaping the system based on transformation

The Netherlands Youth Institute developed guidelines for municipalities for the decentralisation of the youth care and for a collaboration between the education and 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 in the amount and the severity of the 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 till services that deal with out of home placements). Strengthen every part of the system. Try to offer 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.

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'. Among other things the attached focus list for 2014 includes determining policies and regulations, signing contracts with care providers and estimating the municipal budget for 2015.

A Transition Committee of the government, the Interprovincial Conference 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 hinder the continuation of care. The Society of Dutch Municipalities monitors the regional cooperation agreements of municipalities. The national government can impose an adequate regional cooperation between municipalities if they fail to do so. In autumn 2015 it is the idea to de-install this transition agency and the transition committee. The local municipalities then need to further develop their transformation processes by themselves.