



*Action programme*

# Youth Care





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# Introduction

## Social task:

All children must be able to grow up in a safe and healthy environment where there are plenty of opportunities, to develop as people and participate.<sup>1</sup>

The Statistics Netherlands Youth Monitor Annual Report [Jaarrapport Jeugdmonitor CBS] 2017 shows that Dutch children are some of the happiest children in the world, that they are happy with their friends and that they are mostly healthy from both a mental and physical perspective.<sup>2</sup>

Not every child or young person in the Netherlands is doing well, however, and not all children are given every opportunity to participate. There may be short-term or long-term problems relating to upbringing which lead to unsafe situations, or there may be behavioural problems, psychological disorders or intellectual disabilities. Youth care can help reduce or resolve problems. The latest CBS figures show that, in 2017, approximately 392,000 children received youth care (approximately 6.7 percent of young people aged up to 23).<sup>3</sup>

## Analysis:

The Youth Act [Jeugdwet] was evaluated three years after its introduction. The evaluation revealed that the decentralisation of youth care to municipalities on 1 January 2015 was a move in the right direction. The system was needlessly fragmented and therefore had to be overhauled. The evaluation also shows that the Objectives of the Youth Act (punctual and suitable assistance and greater cohesion) have not yet been achieved.<sup>4</sup> The Youth Transition Authority [Transitie Autoriteit Jeugd] (TAJ) also stated in its recent report that the transition to better and safe care for vulnerable young people at the earliest possible stage is still in its infancy.<sup>5</sup> The actual process of change that was brought about by the Youth Act – the transformation – takes time and innovation is a continuous development process.

The Youth Act is a new and better law. The evaluation reveals that parents and staff have not yet made sufficient improvements in practice:

- *Families* that need help most – for example one parent families and low-income families – have considerable trouble finding their way around the youth care system. The demand for specialist youth care is as acute as ever, and as yet there are no signs of a large-scale focus on prevention.
- *In all too many cases the focus is not on the interest of the child* – in other words doing what is necessary for the child's uninterrupted development. More family-oriented care is still not sufficiently available. Too many children are stuck at home without being offered suitable education or care. When they reach the age of 18 vulnerable young people still have numerous problems arranging accommodation, school, work and care.
- *Youth professionals* still do not have sufficient space to do their work properly.

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1 The UN Convention on the Rights of the Child (1990) came into effect in the Netherlands on 8 March 1995 and relates to Participation, Provisions and Protection (the 3 Ps).

2 See [Jaarrapport Jeugdmonitor CBS 2017](#)

3 The figures for the whole of 2017 are going to be available at the end of April 2018.

4 [Initial evaluation of the Youth Act \[Eerste evaluatie Jeugdwet\], 30 January 2018](#). See paragraph 8.2 Summary, conclusions and recommendations

5 TAJ report, 28 March 2018.

- *Municipalities* are on the right road when it comes to transforming youth care. At many locations in the country they have started innovative initiatives together with providers. Proper links with other domains, such as education, debt counselling or the Social Support Act [Wet maatschappelijke ondersteuning] (Wmo) and during the transition to adulthood (18-/18+), have not yet been sufficiently established. The most frequently referred to problem is a lack of funding.
- *Youth services providers* are concerned about the quality of local teams, the rules governing tenders and red tape. The people interviewed referred to the waiting times and waiting lists for specialist help as a major bottleneck. In practice local teams are not very successful at identifying and providing help to children, young people or families with complex problems and a heightened risk of danger.

Municipalities, providers and we ourselves are facing a major shared challenge when it comes to continuing to improve youth care, youth protection and youth rehabilitation. We recently started working hard on assessing what exactly we have to do. Together with municipalities, institutions and clients we organised discussions and round tables at both national and regional level.<sup>6</sup> We discussed the challenges together during a 24 hour meeting on 22 March 2018 and this programme is the result.

### Objective:

*Our shared primary objective is to continue to improve youth care, youth protection and youth rehabilitation noticeably and measurably for children, young people and families so that they receive suitable help on time. For that reason we are going to provide better support to children, young people and families during the child's lifetime (while they are living at home or elsewhere, while at school and when they reach the age of 18) and we are going to invest in the skills of youth professionals.*

We would like:

1. *better access to youth care for children and families;*
2. *to enable more children to grow up in an environment which is as homely as possible;*
3. *to offer all children the opportunity to develop optimally as people;*
4. *to provide better assistance to vulnerable young people so that they can become independent;*
5. *to protect young people more effectively if their development is jeopardised;*
6. *to invest in the skills of youth professionals.*

### How are we going to do this?

The state, municipalities, providers and client organisations want to do this using six specific courses of action. Those courses of action are explained in more detail in the rest of this programme. We can only improve care for young people if all the parties involved work together. A central element of the programme is therefore the partnership between the state, municipalities, providers and client organisations.

### Regional cooperation supported at national level

Since 2015 the municipalities, youth services providers and the state have joined forces to realise a huge social objective, namely to bring youth care closer to the daily lives of children and families. Municipalities and providers also have the ambition and responsibility to organise care for children and families cohesively, in a tailor-made way and in a way which is accessible for the family. The youth care regions<sup>7</sup> – in other words municipalities and providers together – are facing the challenge of implementing the required care-related innovation and, by doing so, taking a significant step forward.

<sup>6</sup> See the report of the round tables that is being submitted to Parliament at the same time as this programme.

<sup>7</sup> Regional partnerships between municipalities and youth care providers.



Throughout the country there are many excellent examples based on these six courses of action which show how improvements can be made.

A *transformation budget* is available for the period between 2018 and 2020 to support innovation in the youth care sector. 'Regional youth care deals' are being entered into with parties that wish to be considered for a contribution.

The Youth Care Support Team [*Ondersteuningsteam Zorg voor de Jeugd*] (OZJ) is going to support and advise municipalities – in a follow-up to the TAJ and the care landscape programme - with youth care innovation, improving youth protection, the procurement of specialist youth care and the monitoring of the transformation plans and is going to share good examples of the regional approach to waiting times, the procurement and innovation of youth care and youth protection.

The local and regional approach is going to be supported by *changes to the statutory framework*. A bill relating to the reduction of implementation costs and regional cooperation has already been submitted.<sup>8</sup> Work is currently going on to prepare a change to the residence principle in the Youth Act and the centralisation of the Child Helpline and the confidential services for young people. The current programme will also lead to various new legislative amendments, such as an extension to foster care until the age of 21 and the harmonisation of the legal position of young people in secure institutions.

## Progress

The actions to be carried out in this programme were developed during round-table meetings around the country and a 24 hour meeting on 22 March 2018 with client representatives from various organisations and key figures who work with and for young people. We are extremely grateful for their contribution and inspiration.

The parties involved in this programme have lofty ambitions. In recent years, under the previous government, the municipalities and their local partners had a considerable task to fulfil. The related consequences have had a tangible effect on all parties. In the years ahead the municipal fund is set to increase and the expectation is therefore that more space will be created for the ambitions in this programme. We will continue to communicate with each other on this issue.

We are going to monitor and measure the programme results. We are going to use a questionnaire to ask young people and families themselves whether they feel they have received noticeably better support. Partly with a view to learning in practice, the OZJ is going to monitor developments in youth care and, where necessary and desirable, carry out additional independent research. We are also following the use of youth care, youth protection and youth rehabilitation via CBS Policy Information and other available monitors, datasets and infrastructures as included in the social domain monitor.

The Ministers of Health, Welfare and Sport (VWS) and Legal Protection, the Association of Netherlands Municipalities [Vereniging van Nederlandse Gemeenten] (VNG), the Specialised Youth Care Sectors [Branches Gespecialiseerde Zorg voor Jeugd] (BGZI) and the national client organisations periodically discuss the progress achieved by the programme in administrative consultations and are jointly looking for solutions to problems which occur during implementation. The Ministers of VWS and Legal Protection inform the Dutch House of Representatives twice a year about progress as regards the actions and programme results. These updates are provided in the spring (May) and autumn (November) based on the current CBS data and other available studies.

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8 Parliamentary Papers II 2017/18, 34857, nos. 1-3 et seq.



# Objective and approach

*Every child has the right to grow up in a healthy environment where there are plenty of opportunities. Every child has the right to an education and the chance to develop as a person, despite any limitations they might face and every child has the right to be protected in unsafe situations. Every young adult deserves proper support on their journey towards a secure and independent life. We want to enable every child who is no longer able to live at home to grow up in an environment which is as close as possible to a family setting within the network of the original family. In the event of problems a child must be properly assisted and be supported by a mentor or coach who he trusts.*

## What is the analysis?

The interim evaluation of the Youth Act revealed that the decentralisation of youth care to municipalities on 1 January 2015 was a move in the right direction. Thanks to huge efforts on the part of municipalities, youth services providers and youth professionals, the transition to municipalities has been successful. The main conclusion of the evaluation is that the changes since the introduction of the Youth Act can be primarily characterised as a transition, and that generally speaking the desired transformation, aimed at realising the Act's objectives, has yet to take shape.

In its recent report the TAJ states that there is broad support for the aims laid down in the Youth Act. The fear that the transition would jeopardise the continuity of care and essential youth care functions, has proven to be unfounded. Nevertheless, the transition to better and safe care for vulnerable children and young people at the earliest possible stage is still in its infancy. The actual process of change – the transformation - takes time and innovation has to be a continuous development. The TAJ states that the transformation of the youth care is generally limited to the youth system as such and focuses much less on the world of children and families. The transformation increases in value if it extends across the limits of just the Youth Act and links up with the world of children and families.

The evaluation of the Youth Act, the TAJ reports, the reports of advisory bodies such as the RSJ and the round-table meetings which took place in the spring of 2018 have raised various points which must be tackled in order to improve care for young people in a way which is noticeable and measurable.

- **In all too many cases the focus is not on the interest of the child – in other words doing what is necessary for the child's uninterrupted development.**

The evaluation shows that families that need help most – for example one parent families and low-income families – have considerable trouble finding their way around the youth care system. The same applies to children who require long-term support due to psychological problems, a mental, physical or sensory disability, or a combination of these, a non-congenital brain injury or chronic disorder, or a developmental disorder. We need to gain a better understanding of why things can sometimes go so wrong in the home situation so that we can develop better prevention, early identification and treatments and enable more children simply to grow up with their biological parents. Waiting times and waiting lists for specialist help are regarded as a major bottleneck by the people interviewed during the evaluation. That needs to change. Care also has to link up earlier and better with the needs of children and families and there needs to be a better link with other domains. Among other things that requires an integral approach and transparent working methods. In order to ensure that the right help is started on time, local teams need to be more effective and there needs to be more space for professionals, less regulatory pressure and proper cooperation in the broad social domain. This will make it easier for specialist providers, Safe Home organisations, the police and child protectors to collaborate with local teams.

- **There is still insufficient momentum in terms of the availability of more family-oriented care.**  
 In the first instance we must work towards developing a situation in which more and more children can simply grow up at home. If children still cannot live at home, it is preferable to arrange for them to be cared for, wherever possible, in a home or small-scale situation, with a family focus, within their network. The supervision needs to focus on offering prospects for the future. It is not good for any child to stay in a large institution for the long term. With regard to young people who require a high degree of care and security, the RSJ recommends that they are placed in regional small-scale facilities, or in a specialist national facility. A reassessment is needed in order to reduce the measures which restrict the freedom of young people in secure accommodation.
- **In the Netherlands there are still too many children at home who are not being offered suitable education, care or both.** Youth Care can help to reduce this number by focusing on regional, smart combinations of suitable education and youth care and by making agreements with youth healthcare services about how to tackle school absenteeism.
- **When they reach the age of 18, vulnerable young people still experience numerous problems arranging accommodation, school, work and care.**  
 Despite the possibilities offered by the decentralisations, it is still proving difficult to make a proper connection in practice with other domains such as education, accommodation, work, debt counselling or care (Social Support Act), which are essential for the young adult to be able to live independently. Vulnerable young people ought to be prepared for independent living well before they reach the age of 18, for example by helping them to draw up a plan for the future.
- **We have also noticed that the influx of children into youth protection is increasing in many places.**  
 The evaluation shows that local teams are good at identifying, but that the process of identifying and providing care for children, young people or families with complex problems and an increased safety risk is not going so well. It is also proving more difficult in practice to organise suitable assistance on time once a youth protection or youth rehabilitation measure has been imposed.
- **Youth professionals are still finding that they do not have sufficient space to do their work properly.**  
 Both the evaluation of the Youth Act and the evaluation of the professional groups '*The voice of the professionals*' [*De stem van de professionals*]<sup>9</sup> have shown that the work of youth professionals is hampered by bureaucracy, regulatory pressure and the burden of responsibility. Their experience is not that they have more space than they used to have to offer the right help. The round-table meetings confirm this picture.

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9 [De stem van de professional.](#)

### Youth Care Figures

The introduction of the Youth Act in 2015 drastically changed the way in which youth care is implemented and financed. The CBS assessed the effect that the introduction of the Youth Act has had on the use of youth care.<sup>10</sup> The analysis shows that the number of young people with youth care did not fluctuate greatly in the period between 2011 and 2016. Neither does a shift appear to have taken place from more expensive, specialist residential care to cheaper care close to home, provided by a district or neighbourhood team.

The most recent figures from the CBS show that 392,445 children are using, or have used, some form of youth care in 2017. In the case of the majority of these children - 371,845 - that was a form of ambulatory youth care. Of these young people, 81,875 received youth care from a district or neighbourhood team, or from the municipality. Residential youth care services were used by 46,260 young people. The youth care data collected by CBS is published twice a year.<sup>11</sup> It can be used to monitor developments in the scope and composition of the use of youth care at national, municipal and youth region levels. Municipalities can also use the data to compare themselves with similar municipalities.

### Youth protection and youth rehabilitation figures

At the end of June 2017, 30,500 youth protection measures were in force. In two-thirds of the cases this took the form of a supervision order, while a third of cases concerned a guardianship measure. When comparing the first six months of 2017 with the developments in recent years, it is noticeable that the number of young people with a guardianship measure is still increasing, but that the decrease in the number of young people with a supervision order in recent years now appears to be stabilising. The number of new requests for a supervision order has increased since the introduction of the Youth Act and is now at the 2013 level.

At the end of 2017, 30,715 youth protection measures were in force. A specification of these will be available on 30 April 2018. At the end of December 2017 there were 6,360 young people (up to the age of 22) with one or more youth rehabilitation measures. The number of young people with a youth rehabilitation measure has been decreasing for years. In 2017 there is still a downward trend.

## What is the objective?

*Our shared primary objective is to continue to improve youth care, youth protection and youth rehabilitation noticeably and measurably for children, young people and families so that they receive suitable help on time. For that reason we are going to provide better support to children, young people and families during the child's lifetime (while they are living at home or elsewhere, while at school and when they reach the age of 18) and we are going to invest in the skills of youth professionals.*

Municipalities, providers and we ourselves are therefore facing a major shared challenge. In recent months we have carefully assessed what is necessary. We did so with round-table meetings with national and regional participants, together with municipalities, institutions and children, young people and families.

<sup>10</sup> Just as many young people in youth care in 2016 as in 2011.

<sup>11</sup> See Youth Monitor [Jeugdmonitor] CBS: <http://jeugdmonitor.cbs.nl/nl-nl/indicatoren/publicaties/2017/>.

With this programme we want to make a difference by pursuing six **courses of action**:

**1. Better access to youth care for children and families**

- Children and families must know where they can go for help and receive suitable assistance on time. Within each region there is, or will be, clarity about what you can expect from a local team and in terms of access.
- We support children with problems by providing a mentor from their own network, for example a mentor they have put forward themselves (otherwise known as a JIM [Jouw Ingebrachte Mentor]), a 'buddy' or a coach, in other words someone who is there for them and who they trust.

**2. Enable more children to grow up in an environment which is as homely as possible**

- We are developing and using increasingly effective interventions to ensure that children can grow up with their own parents.
- We are supporting care in foster families via the foster care action plan which involves recruiting more foster parents, better support for foster parents to reduce drop-out rates, improving screening and the placing and matching of foster children and foster parents.
- We are developing new forms of small-scale, family-oriented provisions which offer children hope for the future.
- We are going to reduce the number of secure placements involving young people over a period of four years and also reduce the length of the placements.
- We are going to scrap the legal regulation that stipulates that young people have to be isolated.

**3. Offer all children the opportunity to develop as people**

- Flexible education and care arrangements: youth care regions are working together to draw up a long-term plan, together with suitable education partnerships, in which they indicate how the use of education and care resources can be coordinated more effectively.
- Together with the educational organisations we are going to make sure that, in 2020, not a single child will be stuck at home for longer than 3 months without a suitable provision of education or care, or both.

**4. Provide better assistance to vulnerable young people so that they can become independent**

- Extend foster care to age 21 as standard.
- Young people in a foster family or institution are prepared properly for the future and are helped to draw up a plan for the future detailing the steps they have to take.

**5. Protect young people more effectively if their development is jeopardised**

- Together with the local teams we are going to tackle situations which are unsafe for children earlier and effectively. Whenever youth care is needed, it will become quickly available.
- We are shortening the youth protection chain. Better cooperation, less overlap and shared evaluation criteria is increasing speed. Our aim is to halve the turnaround time.
- We always involve parents and children in our decisions. The fact-finding action plan is helping us take well-founded decisions.

**6. Invest in expertise**

- With a new action plan we are offering youth professionals the possibility of investing in their expertise.
- We are arranging a permanently suitable curriculum which links up well with the practical situation (such as additional training and refresher courses, including training on the job) for the youth professionals of today and tomorrow.

Municipalities and providers are conducting a dialogue locally and regionally on how to improve care for young people. Important objectives are:

- In 2018 each region will have made comprehensive agreements about the approach to waiting lists and waiting times, including the availability of a regional team of experts (2018) and regional learning groups (2019).
- In 2018 it will be clear which incidental specialist youth care is to be offered, purchased and made available at national level. This will be done on the basis of the VNG's national framework agreements for specialist youth care and the Social Support Act (Wmo) (young people with sensory disabilities). The state is not, therefore, procuring at national level.
- In 2021 the ambulatory specialist provision will be even more developed and will have increased in scope and the provision of specialist intramural care will be decreased on the basis of careful coordination between the parties. The duration of a placement will also have decreased.
- In 2020 good professional (collective) commissioning practices will be in place.
- In 2020 no avoidable administrative charges will apply to the cooperation between providers and municipalities, so that more money and time can be spent on the client.

## What is the approach?

Various parties are needed at local, regional and national level in order to realise the courses of action of this programme. The focus of the approach is on changes in the region, together with the parties involved.

### **Regional cooperation**

The Youth Act assigns considerable responsibility to the municipalities. They are working together in the 42 youth care regions and the courses of action in this programme are to be implemented at regional level. Municipalities are also collaborating with local or regional youth services providers, professionals and client organisations. The programme is being directed in a way which supports that process and is in line with this division of responsibilities. At the same time we want to gain a shared insight into the progress made in terms of implementing the programme, support each other and learn from each other.

The Ministers of VWS and Legal Protection, the Association of Netherlands Municipalities (VNG), the Specialised Youth Care Sectors (BGZJ) and the national client organisations are implementing the programme on the basis of a partnership. They discuss the progress achieved by the programme periodically in administrative consultations and are jointly looking for solutions to problems which occur during implementation of the programme. A national steering committee and a programme team are going to coordinate the programme. This team includes representatives of the state, the VNG, the BGZJ and clients. A more detailed clarification can be found in the paragraph entitled 'Execution of the programme'.

### **Support for a local and regional approach**

The child, young person and the parents are the starting point in this programme. In the time ahead it is imperative that they experience noticeable improvements in the care and support provided. It is important that children, young people and parents with relevant experience are able to participate at all levels, ranging from the level of the process they undergoing in order to obtain assistance up to the level at which municipal and national policy is determined. For that reason VWS is subsidising the process entitled, '*Reinforcing client participation on behalf of the 2-17-2019 Youth transformation*' [*Versterking cliëntparticipatie ten behoeve van transformatie Jeugd 2017-2019*].



When implementing the six courses of action we will focus explicitly on the involvement of the child, young person and the parents, so that they get, and also experience, more control. Municipalities, regions, providers and the state are expected to involve young people and parents properly in their plans and learn from each other and share successes. This means a learning process of very practical development, testing, improvement and sharing successes which will require a youth sector which anticipates future issues and opportunities and learns from new developments and existing techniques in related sectors and the world of business. It will also require a youth sector which makes optimal use of the possibilities of technology, digitalisation, innovation and e-health.

The state, the VNG and sectors are supporting municipalities and the sector as follows with the innovation of youth care:

- A *transformation budget* (a total of 108 million euros, in the period from 2018 to 2020). '*Regional youth care deals*' are being entered into with parties that wish to be considered for a contribution. To this end the youth regions are drawing up a three year transformation plan in 2018 which links up both with the objectives of the 'Youth Care' programme and local and regional developments. Municipalities are receiving the contribution in the form of a decentralisation payment from the municipal fund.
- A *Youth Care Support Team (OZJ)* to support municipalities and providers and advise them on youth care innovation, purchasing specialist youth care, monitoring the transformation plans, youth care support which develops in an ever more effective way and sharing good examples of the regional approach to waiting times, procurement and the renewal of youth care and youth protection.
- A *disputes committee*. If cooperation and encouragement ultimately does not provide any resolution, municipalities or providers can ask this committee to give an independent opinion.
- The *Social Domain Programme [Programma Sociaal Domein]*, in which the ministries and municipalities collaborate on cross-domain themes from implementation practice which are relevant at both state and municipal level.
- Invest in the development of a learning environment which relates to children and families:
  - via a new knowledge development programme called '*What works in the context of Youth care?*' [*Wat werkt in de zorg voor de Jeugd*]. This programme is starting on 1 January 2019 under the management of Netherlands Organisation for Health Research and Development [Nederlandse organisatie voor gezondheidsonderzoek en zorginnovatie] (ZonMw), with the objective being to develop innovative working methods which ensure that the possibilities offered by technology, digitalisation, innovation and e-health link up optimally with the needs of children and families;
  - via, among other things, the existing *academic youth transformation workshops* where new knowledge and skills are to be developed;
  - via the use of the national knowledge institutes, such as Nji, Movisie, Njc, KJP, Trimbos, the Kenniscentrum LVB and others in order to make the available knowledge of successful approaches accessible to municipalities, institutions and youth professionals and to support their knowledge-related questions.

### **Amendment of the legal framework**

After the introduction of the Youth Act, everyone was very reluctant about amending it. The only amendments made were urgent ones and these included the abolition of the parental contribution to residential youth care and a clarification of the grounds for processing personal data. A change in the law with regard to a number of subjects is now being prepared, for example a change to the residence principle in the Youth Act and the centralisation of the Child Helpline and the confidential services for young people. A bill relating to the reduction of implementation costs and regional cooperation has already been submitted.<sup>12</sup> The current programme and the evaluation of the Youth Act have also led to new legislative amendments with regard to the following issues:

- a study into the extension of foster care to age 21,
- harmonisation of the legal position of young people in secure institutions, including the scrapping of the possibility of isolating children,
- the decision to grant which, on the grounds of the General Administrative Law Act [Algemene wet bestuursrecht], always has to be submitted in writing,
- the transfer of clients from one certified institution to another in the event of a transfer of business ownership,
- the permission of 16 and 17 year-olds in the event of an out-of-home placement.

### **Making sure that the preconditions are in place**

The rules relating to (European) tenders and the related bureaucracy are bottlenecks that people frequently refer to, both in the evaluation and during the 'round-table meetings'. VWS is elaborating on these points in order to produce an action plan which consists of two themes:

- to improve the practical aspects of tendering in the care sector together with municipalities and care providers based on an analysis of the bottlenecks;
- to identify bottlenecks in (European) regulations and to tackle these if possible so that the legal framework focuses more on providing high-quality care.

The rules relating to privacy are a hindrance to integral assistance and support for families with numerous problems, as reported in the round-table meetings. The ministries are going to start working, together with other stakeholders, on data exchange legislation and will be guided in this endeavour by the Minister of the Interior and Kingdom Relations (BZK). This work will focus on the persistent identification of ambiguities, on excessive data exchanges on the one hand and a lack of possibilities on the other.

The 'Youth Care' programme links up with the programme which is being prepared and which is called 'Promising Start' [*Kansrijke Start*] which focuses on the first 1,000 days and on the linking of the medical and social domains during pregnancy and the first two years of the child's life. This programme is also linked to the programme entitled 'There is no place for violence' [*Geweld hoort nergens thuis*] that focuses on the timely identification of domestic abuse and maltreatment and on breaking the cycle of violence. Lastly, this programme links up with the 'Divorce without damage' [*Scheiden zonder Schade*] programme that is intended to prevent children becoming the victims of their parent's divorce. Wherever actions in this programme overlap with the aforementioned programmes (such as the focus on mentors, the focus on youth care at schools and investing in expertise), coordination will take place during execution in order to generate synergy.

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<sup>12</sup> Parliamentary Papers II 2017/18, 34857, nos. 1-3 et seq.

# Course of action 1:

## Better access to youth care for children and families

### What do we want to achieve?

- *We want children and families to be more actively involved in the provision of youth care and creation of youth care policy.*
- *Together with municipalities and other relevant parties we are going to improve access to youth care for children and families. We want local teams to be more effective and we want better cooperation between local organisations. Within each region there will, therefore, soon be clarity about what you can expect from basic youth care, a local team and access.*
- *We want to support children and young people with problems who lack support from a parent by providing a mentor from their own network, for example a mentor they have put forward themselves (otherwise known as a JIM [Jouw Ingebrachte Mentor]), a 'buddy' or a coach, in other words someone who is there for them and who they trust.*
- *We are making sure that the Child Helpline and other confidential services for young people continue to be available throughout the Netherlands.*

### **What has the evaluation of the Youth Act taught us?**

The point of departure of the Youth Act is to use the family's own strengths and many parents involved in the evaluation recognise this in the assistance they receive. One positive note is that, according to parents involved in the research, problems in the family are often assessed within an overall context, in line with the motto of 'one family, one plan, one director'. At the same time there is a lack of cohesion as regards the coordination between professionals themselves. The parents involved in the evaluation are generally more positive about the care received than about the way it was provided. Particularly families that need the care most – namely families in a vulnerable position, for example single-parent families or families with a low income – have the most difficulty finding their way around the youth care system. Another issue that requires attention is the change in professionals. That is causing a delay in the effectiveness of the care because, after all, each time a change takes place a new relationship of trust has to be built up.

There is a lack of future prospects for children and families that need long-term support. During the round-table discussions client organisations indicated that they were of the opinion that the evaluation failed to refer to any future prospects for children and families who need long-term care due to chronic illness or a disability 'which does not go away'. These families with children are also vulnerable, albeit in a completely different way. Parents who are resilient and know which care links up with their care requirement often feel they are obstructed in terms of access, as a result of which suitable care is not assigned. The care requirement is not recognised and parents are then forced to try out other alternatives first which they know, in advance, will not lead to the desired results, or they have to solve the problem of finding care within their network based on a parenting tasks, despite them already offering so much extra support. These parents are consequently made vulnerable precisely in situations where they have actually been assertive in getting properly organised care in order to fit together all the pieces of the puzzle. Municipalities are often unaware that, for example, a child with a mental, physical or sensory disability, or a combination of these, a non-congenital brain injury or chronic disorder, or a developmental disorder, needs life-long and life-wide care. Client organisations are calling on municipalities precisely to use this practical expertise in order to facilitate suitable care.

## What are we going to do?

- 1. Improve the provision of information about youth care by informing people about who they have to contact in order to prevent anyone falling through the cracks of the various care domains. We are also going to strengthen life-wide client support with the extra investment included for this purpose in the Coalition Agreement.**
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### **Cooperation between youth healthcare (JGZ) and local teams**

The decentralisation and the creation of local teams has diminished the focus in many municipalities on moderate support for children growing up and parenting. In order to support families with parenting in an accessible way, the Netherlands Youth Institute (NJI) and the Dutch Centre of Youth Health Care (NCJ) are working together on research into the cooperation in six municipalities between youth healthcare (JGZ) and local teams. This research is generating building blocks for an approach to reinforcing the connection between youth healthcare (JGZ) and local teams throughout the country. We also want to increase the resilience of children and young people via, among other things, work with children and young people, education and childcare. To do this we will link up as much as possible with existing programmes and the ongoing activities of the knowledge institutes and sector organisations involved.

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- 2. Municipalities and other relevant parties are going to improve access to youth care for children and families so that it is clear in every region what you can and cannot expect from basic youth care, a local team or access. We are going to increase the effectiveness of local teams by, among other things, more specialist front-line care and better cooperation with, among others, GPs, schools, youth healthcare and youth protection services.**

- We will describe a number of variants of local teams/primary youth care.
- We are developing a basic set of criteria that works in the case of local teams/basic youth care. The point of departure is learning from practice and describing good examples which the municipalities have already implemented in practice. The following are points of attention to consider:
  - good-quality triage and the ability of professionals in the local teams to provide direct care and not just refer people on and assess needs;
  - the connection with related sectors like education, debt counselling, accommodation, access to the job market and the informal networks and facilities in the neighbourhood (such as community centres, sports clubs, etc.);
  - the cooperation with, among others, the Safe Home [Veilig Thuis] organisation, GPs, experts in the field of security and the connection with specialist (frequently and rarely occurring) youth care;
  - a sufficient focus on children who, due to their disability, are reliant on long-term types of support. This is to be extrapolated on to suitable access, including integral early assistance and duration of the care;
  - being able to look and act in an integral way. Cooperation skills and a shared vision of control.<sup>13</sup>

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<sup>13</sup> Such as permanent involvement, including in the context of the use of specialist care outside the team. Who is going to raise the alarm when things get tense and how can you work together within a family in all kinds of (sometimes difficult) situations?

### *Local teams*

The evaluation reveals that local teams have a crucial role to play, on the condition that they are professional in terms of content and do not just limit themselves to referrals. This was also evident from the round-table discussions, where there is an emphasis on the importance of specialist (frequent) front-line youth care. It was also observed that the vocational training and additional training and refresher courses do not link up sufficiently with the actual work carried out by a local team. What is more, mutual trust and recognition constitute an important basis for cooperation. The good-quality content-based dialogue between the specialist youth care providers and the municipalities and local teams and the providers themselves is still not being properly conducted and can therefore be improved. The evaluation also revealed that two-thirds of the respondents regard their GP as their preferred contact person in the event of questions and problems relating to raising children. GPs have often known the family for a long period of time and, in the case of questions relating to development in parenting, people automatically contact their GP first. It transpires that the punctual involvement of a GP's youth nurse practitioner (POH-Jeugd) will make it possible for children to be provided with front-line care, or care within their own network, making referrals to intensive care unnecessary.

### *General practitioners*

The GP - possibly together with a youth care nurse practitioner - can refer people on to more specialist care, but also to the municipality's local team. The evaluation revealed that GPs would refer more often to a local team if they had more insight into the expertise of those local teams.<sup>14</sup> Primary care would benefit from good cooperation between local teams and GPs and that would also lead to more specific referrals to specialist care. During the round-table discussions people's attention was also drawn to the cooperation between local teams and GPs.

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<sup>14</sup> Evaluation of the Youth Act, focus group meetings [Evaluatie Jeugdwet, focusgroep gesprekken], p. 333

- We want to create support for these variants and criteria from the field so that they can actually be used in the municipalities and regions and become more effective. With this in mind we are having research and monitoring carried out into the different variants and their access and effectiveness.<sup>15</sup>
- We are making sure there is a sufficiently specific and adequate provision (of additional training and refresher courses) and regional knowledge sharing<sup>16</sup> for professionals working in a local team and primary care.
- We are conducting research into 'learning and working on the timely use of suitable care throughout the chain'. This research involves learning about complex cases, for example children who are subject to a supervision order (OTS)<sup>17</sup> with out-of-home placement, or a lengthy stay in residential care. The question is what can we do differently for these children in the future so that problems in their development can be prevented more frequently, or tackled earlier and more effectively.
- We are exploring the possibility of setting up a new overarching academic youth transformation workshop based on cooperation between local teams and specialist youth care.
- We are also learning from each other and are sharing knowledge by:
  - facilitating a content-based dialogue in the field by using what is already available and by continuing to build on this. By distributing *best practices* and combining knowledge in the field of, among other things, local teams and via forms of cooperation by local teams with specialist youth care providers, plus the cooperation with GPs, youth healthcare, the Integrale Vroeghulp platform and schools, as well as examples of integral forms of youth care. The local dialogue is also being 'fed' with client experiences and monitoring information;
  - focusing attention, via the new ZonMw programme called '*What works in the context of Youth care?*' [*Wat werkt in de zorg voor de Jeugd*], on combining knowledge relating to a theme and the more structured publishing and distribution of that knowledge.

### 3. A listening ear (Child Helpline).

We are making sure that the functions of the Child Helpline, the listening ear and the confidential services for young people continue to be available throughout the Netherlands. From 2018 onwards these services are going to be structurally financed by VWS. For 2018 the contracts with the Child Helpline, the AKJ foundation and Sensoor have been taken over by VWS. A bill is being prepared to assign responsibility for the functioning of the helplines (young people and adults) and of the confidential services for young people durably to the state. This bill is going to be submitted to the Dutch House of Representatives in the autumn of 2018.

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<sup>15</sup> In alignment with the research conducted by the Research and Documentation Centre (WODC) (the organising of the theme of safety in relation to local teams) in conjunction with course of action 5.

<sup>16</sup> Via, among others, regional learning groups involving generalists and specialists and with input from expert teams.

<sup>17</sup> OTS: Supervision Order [Onder Toezicht Stelling].

### **Round-table meeting for the youth mental health care, 'Jeugd GGZ'**

On 6 February this year the Dutch House of Representatives debated the youth mental health care, Jeugd GGZ. During that debate serious concerns were expressed about the youth mental health care and it was noted that insufficient attention had been paid to it in the interim evaluation of the Youth Act. During the debate it was stated that, in addition to more general round-table meetings to discuss the outcomes of the evaluation with the parties involved, a round-table meeting should be organised specifically for the youth mental health care itself.

This round-table meeting took place on 8 March this year. The meeting was attended by clients, child and youth psychiatrists, psychologists, youth care providers, knowledge institutions and municipalities and there was a lively debate about the issue of how youth care - with a focus on Jeugd GGZ - can be noticeably improved. The important points were:

- Jeugd GGZ must operate more closely to, and cooperate more with, the local teams and must have a consultation role;
- even more attention should be paid to the initial diagnosis so that the right care can be provided in one go (low level where possible and high level where necessary);
- more space must be created for all professionals, including Jeugd GGZ;
- transformation takes time and the trust between the various professionals and the municipalities must be allowed to grow gradually.

Youth mental health care is a vital specialism within youth care and the challenge for the Jeugd GGZ is that it needs to start cooperating more, while retaining its specialist role, with other youth care professionals and with other parties within the social domain. Psychiatrists and the other Jeugd GGZ professionals are getting better at finding their way around the youth care system and are using their specialist knowledge to good effect. That is something which is definitely needed with regard to young adults because many psychological disorders come to light between the ages of 16 and 23 and can easily worsen if no expert treatment is provided. We are already seeing excellent examples, such as the cooperation between Spirit and Bascule and between youth mental health and secure residential youth care (see course of action 2) and GP's youth (mental health) nurse practitioners.



#### 4. The use of mentors for children and young people

In Sweden and also England the aim is to connect each child to a 'person with a name'. This person can be a professional, but is preferably someone from the child's social network, or an expert. In the Netherlands experience is being gained with the use of a mentor put forward by the young people themselves (otherwise known as a JIM [Jouw Ingebrachte Mentor]).<sup>18</sup> A JIM is close to the young person in question, thereby giving them more control. The professional social workers consult with the young person and his/her JIM about the progress of the social work plan. It is important that all young people with problems are seen and heard, and this certainly also applies to children of parents with a mental disability. Therefore, together with the youth sector, we are going to make sure that 'JIM works', or:

- for each child placed outside the home, a mentor from his or her network is arranged, such as a 'JIM' or a 'buddy', in order to reinforce the young person's 'pedagogic context' in the long term;
- each professional who works with vulnerable parents (including (expecting) parents with a slight mental disability) explicitly checks whether any children are affected and ensures that the network and support in relation to these children is activated so that the children in question can grow up in a safe environment where there are plenty of opportunities, despite the problems relating to the parents state of health.

## Schedule

Who?	What?	When?
The state, the 'Juiste Loket' service desk, the Association of Netherlands Municipalities (VNG)	Greater awareness of the 'Juiste Loket' service desk and intensification of client support	2018-2021
(City Deal) municipalities and youth regions together with the state, NJi, VNG, care landscape support team, Social Domain directors and the Association of Neighbourhood Team Organisations [Associatie Buurtteam Organisations]. Further coordination with various parties such as Movisie, professional associations, sectors, KJP and client organisations	More unity and greater effectiveness of local teams: <ul style="list-style-type: none"> <li>• access with basic criteria variants</li> <li>• describe good examples</li> <li>• support and regional application of variants/criteria</li> <li>• research into and monitoring of different variants and their effectiveness</li> </ul>	First quarter of 2019 End 2018 2019-2021
A new cooperation platform called 'Youth professionals' expertise' [Vakmanschap Jeugdprofessionals] (see course of action 6)	Sufficiently specific adequate provision (of additional training and refresher courses) and regional knowledge sharing	Second half of 2018-2021
Care Landscape Support Team and Accare in collaboration with BGZJ and KJP, NJi and LVB knowledge centres	Research into learning from complex case histories with rare and very specialist youth care throughout the chain	2018-2020
Netherlands Organisation for Health Research and Development (ZonMw)	Exploration of the possibility of setting up an overarching academic youth transformation workshop based on cooperation between local teams and specialist youth care.	2019
NJi, KJP, LVB knowledge centres and Movisie, Zon MW, Association of Neighbourhood Team organisations, Care Landscape Support Team, and 42 Youth regions	Learning from each other and sharing knowledge by distributing best practices, combining knowledge and organising regional and national meetings/learning groups	Second half of 2018-2012
Youth care sectors	Use of mentors	2019
The Ministry of Health, Welfare and Sport	Youth Act Helpline (bill)	2018

<sup>18</sup> [jimwerkt](#)



# Course of action 2:

Enable more children to grow up in an environment which is as homely as possible

## What do we want to achieve?

- *Every child has the right to a loving and stable environment in which to grow up. We want to become better and better at ensuring that children can grow up in their own homes as much as possible. If that is impossible, foster care and other forms of family-oriented youth care play an important role in achieving the objective of 'growing up in an environment which is as homely as possible'.*
- *Every child needs stability. We are making sure that children are moved backwards and forwards as little as possible if they are no longer able to live at home and that youth care goes to the child, rather than the other way round. If a stay outside the child's own home is unavoidable, this must be part of an ambulatory plan wherever possible.*
- *If children are no longer able to live at home, we want them to be cared for, as much as possible, in small-scale, family-oriented situations which offer them prospects for the future, preferably in their own network.*
- *It is not good for any child to stay in a large institution for the long term. For that reason we are going to reduce the number of secure residential placements and the duration of the placements. We are also going to reduce drastically the number of incidences of children being separated from their parents and segregated.*

### **What has the evaluation of the Youth Act taught us?**

The evaluation shows that the change in direction towards more youth care in family settings has not yet sufficiently started. There appears to be no increase in the use of foster care and family-oriented care. By contrast, the number of placements in secure residential youth care has increased. The evaluation focuses plenty of attention on aspects of the legal position of young people in secure residential youth care. We are going to include those findings in the bill which is being prepared on the legal position of young people in secure institutions (secure residential youth care and juvenile detention centres).

Data from Youth Care The Netherlands [Jeugdzorg Nederland]<sup>19</sup> reveals a slight increase in the number of secure residential placements involving young people. In the first six months of 2017 an increase can be observed of 30 unique placements (number of unique young people) compared to the first six months of 2016. The same figures show that there are considerable differences between the regions. If you look at the number of young people in secure placements on 30 June 2017 (Jeugdhulp Plus including placements under the Psychiatric Hospitals (Compulsory Admission) Act [Wet bijzondere opnemingen in psychiatrische ziekenhuizen]), there were 30 fewer young people in secure care this year than on 30 June 2015. It is possible that more children are being placed for shorter periods of time.

### **The advice of the RSJ regarding the placement of young people in secure facilities**

The Council for the Administration of Criminal Justice and Protection of Juveniles [Raad voor Strafrechtstoepassing en Jeugdbescherming] (RSJ) recommends that, if young people have to be placed in a facility, the choice of facility will be determined by the psychosocial problems and the necessary treatment and security. That point of departure ought to apply to all young people who have now been placed in secure residential youth care, a secure mental health institution, or a juvenile detention centre. These young people ought to be eligible for placement in regional, small-scale facilities, or in a national, specialist facility for young people a high degree of care and security.

The consequence of applying these points of departure is that the placement of young people in a secure facility is not determined by the judicial title, as is now the case. In that case it should be possible to place young people with different judicial titles together. The RSJ believes that this is not feasible for everyone. For that reason an assessment must also be made, in the context of a placement, of the differences in age, problems, development and length of stay.

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<sup>19</sup> <https://www.jeugdzorgnederland.nl/wp-content/uploads/2017/11/JeugdzorgPlus-2017def.pdf>

## What are we going to do?

**1. We are asking local and regional youth care to improve their development in terms of preventing a lack of safety at home and of using their knowledge to continue developing skills that work best in order to ensure that even more children can live at home.**

**2. We are going to support care in foster families with the foster care action plan**

We want every child to have a home. Even when it is impossible for children to grow up in their own family, we want to work to enable children to grow up 'in an environment which is as homely as possible', preferably in their own network. Foster care and other forms of family-oriented youth care play an important role in achieving this objective. These forms of youth care actually enable children, for whom things are not going very well at home, to grow up in a family setting after all. We are supporting the work of foster parents and professionals in family-oriented care. For that reason we want to equip them properly so that they are able to carry out their important care tasks satisfactorily. We are going to support family-oriented forms of youth care as much as possible and expand it so that as many children as possible can grow up in a family.

Together with the Dutch Association for Foster Families [Nederlandse Vereniging voor Pleeggezinnen] (NVP), Youth Care the Netherlands (JN), the municipalities (VNG), the Netherlands Youth Institute (NJI) and other parties involved, the following activities are being implemented under the responsibility of the ministries of Health, Welfare and Sport (VWS) and Justice and Security (JenV):

- we are supporting care in foster families via the foster care action plan which involves recruiting more foster parents, better support for foster parents to reduce drop-out rates, improving screening and the placing and matching of foster children and foster parents;
- we are providing clarity about the legal position of foster parents. To this end we are evaluating the Improvement of the Position of Foster Parents Act [Wet verbetering positie pleegouders];
- we are providing clarity about the financial aspects of foster care. In doing so we are focusing on the foster carer's allowance, the costs incurred by foster parents, the municipal fees and the costs for foster care providers;
- we are going to use recruitment campaigns to recruit more foster parents;
- at an administrative level we are agreeing that a plan must be drawn up in each region to ensure a sufficient provision of small-scale, family-oriented care (foster families, family homes, etc.). Providers are clarifying what is available using clear inclusion and exclusion criteria so that municipalities know which children with which problems can be offered family-oriented care;
- we are starting pilots in order to develop new forms of small-scale, family-oriented care and which offers the children prospects for the future care, so that these forms of youth care are able to care for more children (with complex problems). Youth care regions can include these pilots in their application for a contribution from the transformation budget.

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### **Cooperation between (youth) mental health and secure residential youth care and youth protection**

Children should grow up at home, but sometimes it would seem that an out-of-home placement cannot be prevented. There are excellent examples of integral, system-oriented (youth) care which enables children and families with specialist care and treatment to progress together. The following are two examples:

Accare has developed a treatment for traumatised children and parents in the form of family trauma treatment which is usually provided in a clinical setting and, these days, sometimes also on an outpatient basis. In cooperation with Jeugdbescherming Noord this treatment is now being provided to families who are facing the possibility of an out-of-home placement. This [KINGS](#) programme is a phased process comprising six weeks of very intensive treatment, followed by approximately a year of ambulatory care, depending on the situation. First and foremost the focus is on creating a safe situation in which the child can develop while, in addition, the parent and child are given trauma treatment and, at the same time, the parent learns child raising skills which are useful for (the problems being faced by) the child. The final phase of the treatment focuses on integrating what has been learned, explaining how you can maintain the new skills so that the child can continue to develop healthily and safely in his or her own family in the future. A scientific study is now being carried out due to the excellent treatment results. Following on from the now effective treatment of traumatised families, an initial number of out-of-home placements has now been avoided in cooperation with JBNoord. [Thuisbest](#) by De Viersprong (mental health) and SJSJ Almata (secure youth care) is also a proven, effective and integral programme. Once again the point of departure is that children should grow up at home. If out-of-home placement is still necessary, it should be for as short a time as possible. Thuisbest combines multisystemic therapy (MST) in the home situation with a short stay by the young person in a secure youth care institution which lasts, in principle, 6 to 8 weeks during which the parents receive their MST treatment at home. Parents are able to recover from the crisis situation and start working on set goals. The young person is able to experience a situation in which limits are imposed on his behaviour, also has an opportunity to calm down and is able to start working on creating a daily structure. After that the young person returns home, supported by MST. MST is aimed at all areas of life in which young people experience problems, namely at home, at school, in their leisure time and with their friends. MST focuses on the entire system of the young person and helps identify the factors that stimulate, or indeed reduce, problem behaviour, as well as who can help and which tasks those involved can fulfil in order to bring about the necessary change. The MST method is also supposed to be accompanied by scientific research.

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### 3. Regional approach to minimise the relocation of children

Whenever a child is relocated they have to get used to the new situation and a new professional and this can lead to problems relating to bonding. Relocations also have a detrimental effect on the stable life of the child and the parenting situation, on the future prospects and they also take time. None of this is helpful for the care process or the child's development. What is more, relocating children can cause children and young people to develop '*care fatigue*' and to stop trusting the new persons raising them. For that reason children should only be relocated in situations in which there is a clear long-term solution which offers prospects for the future, or if the relocation is a suitable element of a process from high-level to low-level care. In order to achieve this we are doing the following:

- regional expert teams are being used to avoid unnecessary relocations;
- pilots are being introduced throughout youth care to develop methods to minimise relocations. Youth care regions can include these pilots in their application for a contribution from the transformation budget;
- providers are being made more aware of the fact that they are responsible until a worthwhile relocation has taken place. .

### 4. Fewer secure placements for a shorter time, with outflow being stimulated

Children must grow up in a family situation wherever possible. The same applies to children with serious problems relating to parenting and growing up who need security, either to protect themselves, or society (in terms of both criminal and civil law). The number of secure placements can only be reduced if improved diagnostic and treatment skills are used and developed for the home situation and if alternative accommodations become available where young people can be placed on the basis of psychosocial problems, the necessary treatment and security. In line with the recent advice of the Council for the Administration of Criminal Justice and Protection of Juveniles [Raad voor Strafrechtstoepassing en Jeugdbescherming] (RSJ) we think that these should be small-scale family-oriented facilities with a limited level of security.<sup>20</sup> This move from secure places to small-scale facilities has huge consequences for both the secure residential youth care institutions and municipalities and for education (schools affiliated to the institutions or schools close to the new facilities). For that reason we want to draw up a phased approach together with the institutions, municipalities and education, whereby we will also focus on reducing the length of time these young children spend in secure institutions and on improving the outflow. The state and the municipalities are supporting this change with the transformation budget.

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<sup>20</sup> 'Placement in secure facilities of juveniles under criminal law and juveniles under civil law, Council for the Administration of Criminal Justice and Protection of Juveniles [Plaatsing van jeugdigen met strafrechtelijke en jeugdigen met civielrechtelijke titel in gesloten voorzieningen, Raad voor Strafrechtstoepassing en Rechtsbescherming], February 2018.

## 5. Stopping separation and minimising temporary isolation

Temporary isolation can take the form of being locked in your own room, or being placed in a time-out room, an empty room, or an isolation room. There has to be a phased increase in the severity of the freedom-restricting measures. Separation (being locked in a special room in order to receive care, nursing and treatment) is a drastic measure which children may experience as a punishment, with the risk of a traumatic experience. For that reason we are going to stop using this measure. We are going to do that as follows:

- baseline measurement at institutions for secure youth care of the number of separations to provide a basis for the drawing up of realistic target figures; the aim is a decline of 50 percent in separations in the first year, with a progression towards zero separations;
- before 1 October 2018 every institution for secure residential youth care will have received good examples of how to reduce separations from fellow institutions;
- a 'Reduce separation and isolation' [Terugdringen Separeren en Afzonderen] assessment framework will be compiled, with support from the field, which will be broadened in time in order to reduce freedom-restricting measures;
- a registration system will be set up, whereby incidences of separation and isolation will be reported, comparable with the system used in mental healthcare;
- the state is going to include a stipulation in the 'Legal position of young people in secure institutions' bill to the effect that the isolation of young people in a specific separation room is no longer permitted.
- institutions for secure youth care will make sure that their employees are equipped for a situation in which separation is no longer permitted.

## Schedule

Who?	What?	When?
The state/VNG/JN/NVP/NJi/	Implementation of foster care action plan	2018-2021
The state	Evaluation of the Improvement of the Position of Foster Parents Act;	October 2018
The state	Study of foster care finances	1 July 2018
The state/VNG/Sectors	Administrative agreement on family-oriented care and introduction of pilots Regional agreements between municipalities, institutions and schools about the transformation of secure places into small-scale facilities with a limited level of security	01 January 2019 01 January 2019
Sectors The state/Sectors The state/Sectors/IGJ The state/Sectors/IGJ	Baseline measurement of separations and isolation Distribution of good examples Isolation/separation assessment framework Introduction of separation/isolation registration system in anticipation of duty registration requirement	01 October 2018 01 October 2018 01 January 2019
The state	Secure institutions legal position act	January 2020 January 2021



# Course of action 3:

Offer all children the opportunity to develop optimally as people

## What do we want to achieve?

*Together with the Ministry of Education, Culture and Science (OCW) and the educational field we are working to create an inclusive society in which all children are given optimal opportunities to develop as people. High-quality education is crucial for young people's development. It is also important that children who need care or support can be educated in a way which suits their situation. In order to support children in this, the care is to be offered as close as possible to where they live, preferably at a local school. Regional cooperation therefore needs to be structured by all the parties involved (municipalities, health insurers, healthcare administration offices, youth care providers, partnerships in inclusive education, schools, young people and parents).*

*We are also implementing the agreements included in the Coalition Agreement so that the combination of care and education can be arranged more clearly and simply. This will safeguard children's participation. The agreement as regards non-attendees is that after 2020 they should not be left for longer than three months without a suitable provision of education and/or care.*

### **Every child has a right to optimal development**

It is a task of municipalities, health insurers and healthcare administration offices to provide (medical) assistance regarding the growing up and raising of children. All children have a right to education. Lots of children attend school without receiving extra care at school or at home. Unfortunately, it is impossible to provide this to all children. In 2016 58% of pupils in special education received youth care and 47% did so in special primary education. 1 in 10 pupils in regular primary education received youth care in 2016. Currently there are also children in the Netherlands who do not attend school at all. These children have often been exempted from compulsory education and usually receive care in the home situation and/or an institution. It ought not to matter for a child's development opportunities whether a child attends a care institution (including daycare centres) or a school, or receives support at home.

We want all children to be able to develop optimally as people. In almost all situations, a tailor-made approach is required for children with (serious) disabilities so that they are offered suitable, development-oriented activities. Often the focus of these activities is somewhere between education and care, resulting in the provision for this group interfacing with both the education and care system. For these children it is therefore important that suitable and flexible education-care arrangements are in place which focus primarily on the child. As stated in the Coalition Agreement this requires the combination of inclusive education and care via various sources of funding to be arranged more clearly and simply.

The child and the parents receive the (youth) care and educational support as close as possible to where they live, preferably in the form of (youth) care at school. This requires a situation in which education can be supported with a high-quality care structure to ensure an interdependent continuum of education support and care. The child and the parents experience the support at school and at home as being coordinated and mutually reinforcing. The same applies to any other care being provided within the family. It is clear to the child and the parents who the coordinating contact person or director is. We want children and their parents and schools not to be hindered by the various financial flows in care and education. They are to be supported more effectively in terms of organising and linking education and care so that the child can develop optimally as a person.

### **What has the evaluation of the Youth Act taught us?**

Education is a logical place for young people and parents to request support at an early stage, particularly in special education. In the evaluation of the Youth Act youth care providers report that they have just as much a connection with inclusive education as before the introduction of the Youth Act. Making even better use of the school as a place for discovery and workshop will make it possible to avoid - increasing - problems through the early identification of psychological and behavioural issues and, where necessary, by treating or acting preventively based on solution-oriented interventions. A proper connection between education and youth care (whether via a local team or otherwise) can reduce referrals to specialist care. This is supported by the round-table meetings and the 24 hour session. In the past year many municipalities have improved the connection between education and care. At the same time we are seeing in practice that, for a number of schools with pupils with complex case histories, it has become more complicated to organise this care properly during school time since the long-term care system was reformed and since the related introduction of the Youth Act (JW), Long-Term Care Act (Wlz) and amended Health Insurance Act (Zvw).

## What are we going to do?

Together with the Ministry of Education, Culture and Science (OCW) and the education sector we are going to work to ensure children are given optimal opportunities to develop as people. With this goal in mind we are working on:

### 1. The realisation of flexible education-care arrangements

Youth care regions are working together with suitable education alliances to draw up a long-term plan in which they indicate how the use of education and care resources can be coordinated more effectively.

For cooperation between youth care and education it is important that parties recognise their own and each other's expertise and are prepared to learn from each other. Municipalities and care providers are striving to reach agreements with schools about individual and collective care in education arrangements or educational support and specialist youth care at school in proper coordination with home care. In their procurement policy municipalities must also take account of care requirements in education and create possibilities for the collective use of specialist youth care at schools. We are also researching, together with the education sector and the Inspectorate of Education, whether the various inspection frameworks are preventing proper cooperation between youth care and education.

As far as youth care is concerned this is a contribution to the implementation of the Coalition Agreement (see box). We are developing this in more detail together with the Ministry of Education, Culture and Science (OCW) and the education sector and in this context the move towards an administrative coalition between education and care which is currently being created in the field is of interest. We are also going to support municipalities, alliances for education/schools and care providers with a support programme by collaborating with, among others, the Netherlands Youth Institute (Nji).

### **Arrange the combination of care and education more clearly and simply (Coalition Agreement)**

In the Coalition Agreement the government set itself the goals of financing care for pupils with more complex case histories within a limited number of educational institutions directly using the resources for care and also of arranging the combination of suitable education and care via various funding sources more clearly and simply. In order to achieve these goals social partners in education and care are collaborating on a project with various ministries including the Ministry of Health, Welfare and Sport (VWS) and the Ministry of Education, Culture and Science (OCW).

## **2. Supporting parents and children/young people with client support and expert education and care consultants**

Combining youth care and education usually requires a tailor-made approach. In order to reduce the burden on children/young people and their parents and schools as much as possible when making individual arrangements for the youth care at schools, we are going to support parents by providing client support and expert education and care consultants, as necessary, in the interest of children and young people. The approach to this is being worked out in detail in cooperation with the education sector and the Ministry of Education, Culture and Science (OCW).

### **Non-attendees Pact**

In 2016 a Non-attendees Pact was signed by the Ministry of Education, Culture and Science (OCW), the Ministry of Health, Welfare and Sport (VWS), the Ministry of Justice and Security (JenV), the Primary Education Council (PO-Raad), the Secondary Education Council (VO-raad) and the Association of Netherlands Municipalities (VNG) to reduce the number of children failing to attend education with a view to achieving the goal, in 2020, of no child being left at home for longer than three months without a suitable provision of education and/or care. The partners in the Non-attendees Pact are working together, within the framework of the National Non-Attendee Consultation Group [Landelijk Thuiszittersoverleg], with essential partners such as Ingrado, Gedragswerk, the Netherlands Youth Institute (NJI), Parents & Education [Ouders & Onderwijs] and the alliances for education. In recent years they have been offered support with preventing and solving non-attendance for schools, alliances for education and municipalities. In 2018 the Non-Attendee Consultation Group is focusing on preventing non-attendance and on cooperation between education and youth care. The emphasis is on the practicalities and the professionals in the field are being supported with experiences gained elsewhere. The Methodical Approach to School Absenteeism [Methodische Aanpak Schoolverzuim] is being constantly brought to the attention of all stakeholders. The Non-Attendee Consultation Group is also encouraging the development of education and care arrangements in regular education through the use of specialist expertise, knowledge sharing and demand-driven support in the region. Joint theme-based meetings are being organised together with other important partners, such as the National Action Committee for School Pupils [Landelijk Aktie Komitee Scholieren] (LAKS), the Association of Educationalists [Nederlandse Vereniging van Pedagogen en Onderwijskundigen] (NVO), the Dutch Centre of Youth Healthcare (NCJ), education consultants, the Centre for Consultation and Expertise [Centrum voor Consultatie en Expertise] (CCE), parent organisations and municipalities to focus on, among other things, the possibilities of a tailor-made approach in education. Parties are also cooperating to reduce the number of exemptions on the grounds of Article 5, under a. Further to the Non-attendees Pact various regions have also entered into pacts containing agreements about a regional approach and better cooperation. The regional approach relates, for example, to the use of clear definitions and improving registration. It also deals with better cooperation between education and care and the link with the Child Care and Protection Agency [Raad voor de Kinderbescherming] and the judicial chain. The school absenteeism action plan is being implemented by youth healthcare. An element of this is the use and distribution of the M@ZL intervention, which has been proven to be effective in reducing absenteeism due to illness in education.

Before the summer the Minister of Health, Welfare and Sport (VWS) and the Minister for Primary and Secondary Education and Media will send a letter to the Dutch House of Representatives detailing their ambitions in the field of combining education and care.

# Course of action 4:

## Provide better assistance to vulnerable young people so that they can become independent

### What do we want to achieve?

*The transition to adulthood (18-/18+) can be particularly difficult for vulnerable and less self-reliant young people, certainly if they do not have a support safety net. The legal grey areas also mean that they do not always receive the care, assistance or support they need. Arranging a careful transition with suitable care and support and working in a cross-domain way can improve the assistance provided to these young people. This requires them having to be prepared on time for independence (via a plan for the future, mentors or coaches, or support from their own network or family) and the involvement of municipal bodies in order to find suitable and affordable accommodation and support for these young people in the transition from school to work. More than anything, the problem can only be solved if the parties involved cooperate.*

*We specifically want to achieve the following:*

- *Each foster child has the right to live in a foster family until, at least, they reach the age of 21.*
- *Self-reliant young adults who receive tailor-made support: as from 2020 each young person who receives care, leaves an institution, or lives in a foster family, will be noticeably better prepared for the transition to adulthood based on tailor-made agreements (as laid down in an integral 'plan for the future'). In this way we want to supervise less self-reliant young people in their search for accommodation, education, work, of another worthwhile daytime activity and help them keep it.*
- *Smooth transitions in support and care: each young person that wants to can stay in care with a trusted care provider and will not be hindered if they need tailor-made care and support.*
- *We want to make better use of the existing possibilities of extended youth care.*

### **What has the evaluation of the Youth Act (JW) taught us?**

The evaluation of the Youth Act (JW) states that many municipalities are still making insufficient use of the possibilities of decentralisations and are still not working sufficiently in a cross-domain way in order to offer continuity of care to vulnerable young people who reach the age of 18. The young people themselves who were surveyed state that they are insufficiently prepared for independence. What is more, municipalities regard the transition from 18- to 18+ as a problematic issue. A majority of the social organisations and health professionals surveyed have observed that the transition from 18- to 18+ is not without its problems.

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### **Social Impact Bond: innovative approach by municipalities in order to direct social goals and results**

The municipalities of Enschede, Eindhoven, Hengelo, Utrecht, Leiden and Amsterdam are helping young adults (16-27 year olds) in a vulnerable position to become independent by means of the Social Impact Bond (SIB) for young adults. They are doing this together with social organisations, private investors, Deloitte and the Netherlands Youth Institute (NJI). A Social Impact Bond (SIB) is an innovative financial instrument that is used to resolve social issues jointly via public-private cooperation. The six municipalities are leading the way with this new form of cooperation.

The idea behind this approach, which is inspired by a British system, is to identify the desired effects for participating young adults in advance using measurable indicators such as getting a job, a place of your own, or a diploma and by allocating a financial value to these. When the agreed results are achieved, there are only winners. The young people find their place in society, the municipality can reduce the amount it spends on care and investors receive a return on their investment. Approximately 10 SIBs have been set up in the Netherlands since 2013 and the majority have produced favourable outcomes for both residents and municipalities. The first SIB relating to theme of unemployment in Rotterdam was extremely successful and 59 percent of the young people involved managed to find work or a training course or start their own businesses faster than expected.

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## What are we going to do?

### 1. Extend foster care to age 21 as standard

Foster children have to be able to use the care and support provided by the foster family for as long as they need it. The simple fact that they have reached the age of 18 must not be a hindrance. In order to enable foster children to leave their foster families as soon as they are ready, we are going to do the following:

- we are holding discussions with municipalities and Youth Care the Netherlands to put administrative measures in place to ensure that, as of 1 July 2018, foster care will be used as standard until the age of 21 (unless parents and foster children do not want this) and, if necessary, until they reach the age of 22 or 23;
- following on from the administrative agreement the state is exploring how the Youth Act (JW) should be amended so that it is guaranteed in law.

### 2. Supervise vulnerable young people, as standard, in the transition to adulthood

It is essential that young people are prepared properly and, above all, in good time for the transition to adulthood. When young people reach the age of 18 we are going to supervise them until they have made the necessary basic arrangements. Municipalities and central government are supporting partners with the following activities:

- as from 2020 *each* less self-reliant young person who leaves an institution, or lives in a foster family, will be noticeably better prepared for the transition to adulthood. An integral '[plan for the future](#)' with tailor-made agreements is an important resource in this respect in order to ensure that young people and professionals discuss the wishes and possibilities of the former. The state is providing adequate support for youth care professionals, municipalities and other social parties, for example with the development of a guideline for the proper integral preparation of young people which also includes the use of the plan for the future;
- professionals do not stop supervising less self-reliant young people if they did not have a social network with at least 1 adult supervisor, a training course, work and income, accommodation and, if necessary, additional care, so that these vulnerable young people can start to explore living independently and adulthood safely;
- chain partners are making clear agreements about their mutual responsibilities in relation to the young person and the parents. It is clear who has a controlling role when it comes to supporting the young person.

### 3. Relaxing the 'transitions' in care

In order to ensure the continuity of care and support it is essential, during the transition from the Youth Act (JW) to the Social Support Act (Wmo), the Long-Term Care Act (WLZ) or the Health Insurance Act (Zvw), that these laws offer space to organise a suitable and continuous provision for young adults. When the system world constitutes a hindrance the state will, wherever possible, remove any bottlenecks which result from legislation and regulations. The Ministry of Health, Welfare and Sport (VWS) is making agreements with the parties involved about the following activities:

- municipalities, health insurers and care providers are providing the link between the Youth Act (JW) and Health Insurance Act (Zvw) in the context of continuous treatment. They are ensuring that the provision purchased from these domains is coordinated so that young people can stay with their trusted mental health professional if they want to and if it is desirable from a treatment perspective;

- municipalities, the Care Assessment Agency (CIZ) and care providers are working closely together to support young people and their parents with good referrals to suitable care or support via the Long-Term Care Act (WLZ), for example in terms of finding and providing accommodation for young people with a slight mental disability. If preparations are made on time, an application for a Long-Term Care Act (WLZ) assessment can be submitted well before the young person's 18th birthday;
- municipalities are using the space provided for in the Youth Act (JW) and the Social Support Act (Wmo) to organise continuous and development-oriented care arrangements. Young people are not being confronted with unnecessary changes purely due to the fact that they have reached the age of 18 or that administrative barriers are thrown up between budgets;
- care providers and health insurers are making agreements about a careful transition and continuity of medical care for young people with a chronic disorder who have reached the age of 18;
- care providers are offering more development-oriented and system-oriented care to young people aged between 16 and 23. Mental health care practitioners are also focusing on the further implementation of the [transition psychiatry guideline](#) and the sharing of relevant knowledge and expertise;
- municipalities and health insurers are making agreements designed to prevent vulnerable young people from stopping to use mental health treatment after they have reached the age of 18 if they need it because they cannot pay the insurance excess and the health insurance premium. Attention is also being paid to the use of instruments like debt counselling and preventive information in conjunction with support for young adults who are looking to become (financially) independent.

### **Summit for Young Adults [JongvolwassenenTop] & Manifesto: integral approach within social domain**

Social partners from the domains of care, education, the job market and security, the municipalities, the Ministry of Health, Welfare and Sport (VWS), the Ministry of Social Affairs and Employment (SZW), the Ministry of Education, Culture and Science (OCW) and the Ministry of Justice and Security (JenV) have started working together on the approach entitled 'Creating smart and effective opportunities together for less self-reliant young people', [Samen, slim en slagvaardig kansen creëren voor minder zelfredzame jongeren].<sup>21</sup> At the Summit for Young Adults of 27 November 2017 the directors of all the partners involved embraced a manifesto with a regional and national approach. The aim of the manifesto is to provide all relevant support to young people aged between 16 and 27 so that they can participate in society as long as possible within the bounds of their own possibilities.

The manifesto is managed independently and is being implemented by the ministries, together with the partners involved. The manifesto's approach is laid down in the Interministerial Programme [Interbestuurlijk Programma] (IBP). This states that creating opportunities for vulnerable young people is one of the twelve things contained in the ambition entitled 'Noticeably better in the social domain' [Merkbaar beter in het sociaal domein]. Together with youth welfare, municipalities and social organisations we are working on noticeably better implementation via an integral and learning approach to living, work, income, school and care. Knowledge organisations are supporting and reinforcing the regional approach via a national agenda. The state is committing to the so called 'State assignments' [Rijksopgaven] in order to identify and resolve the bottlenecks resulting from legislation and regulations.

<sup>21</sup> For the content of the 'Creating smart and effective opportunities together' manifesto, see the [summary](#) and [working document](#).



#### 4. Extended youth care and age limit in the Youth Act (JW)

At the request of MP Ms Bergkamp the Council for Public Health and Society [Raad voor Volksgezondheid en Samenleving] (RVS) is preparing a recommendation on the substantiation of the various age limits for young people from the perspectives of public health and care. The Council is going to include the age limit of 18, as applied in the Youth Act (JW), in its recommendation. The recommendation is expected before the summer of 2018. Partly on the basis of this recommendation we are going to investigate, together with (organisations of) young people and other partners involved, whether the better use of the existing possibilities of extended youth care ('extension scheme') or an amendment of the Youth Act (JW) can contribute to a smoother transition to an independent existence.

## Schedule

Who?	What?	When?
The state/the Association of Netherlands Municipalities (VNG)/Youth Care the Netherlands (JN) The state	Introduction of administrative agreement on extended foster care Amendment to the Youth Act (JW) in relation to extended foster care	1 July 2018 01 January 2020
Ministry of Health, Welfare and Sport (VWS)/Ministry of Justice and Security (JenV)	Recommendation on age limits by the Council for Public Health and Society (RVS) Investigation into extended youth care/amendment of Youth Act (JW)	June 2018 Dec 2018
Youth Healthcare Bureau (BJGZ)/municipalities	Implementation of approach to safeguard the basic requirements of young people (plan for the future)	2019
Ministry of Health, Welfare and Sport (VWS)/Ministry of Justice and Security (JenV)	Measures to link Youth Act (JW) with Social Support Act (Wmo), Long-Term Care Act (WLZ) and Health Insurance Act (Zvw)	2018-2019
Umbrella organisations/knowledge institutions/Association of Netherlands Municipalities (VNG)/municipalities	Support for professionals and Regional agenda 2019-2022 in operation	2018-2021 2019



# Course of action 5:

## Protect young people more effectively if their development is jeopardised

### What do we want to achieve?

*We want children whose development is threatened to be protected earlier and more effectively. In order to achieve that, professionals who are involved (on a voluntary basis) in the care or supervision of children (local team/primary youth care, education, GP, mental health, nurseries) can identify and eradicate risks which threaten children's development.<sup>22</sup> Safety is everyone's concern. Care and safety always go hand in hand.*

*Wherever local teams suspect a threat to development, families are actively approached and where parents need permanent care they will be given long-term support wherever necessary by the local team. Wherever the threats to development become serious and/or parents cannot be sufficiently motivated to do anything about it, local teams can also call on organisations such as Safe Home [Veilig Thuis] (VT), the Child Care and Protection Agency (RvdK) and the certified institutions. Each of these organisations has their own role and they are working together to ensure, as quickly as possible, adequate intervention and the eradication of any threats to development and risks observed. Parents are also being properly informed about their legal position and about their right to refuse care as long as no child protection measure has been imposed.*

*The local team is the most constant factor in the supervision of families. The expertise of certified institutions, Safe Home (VT) and the Child Care and Protection Agency (RvdK) is added on a temporary basis. If necessary, a protection measure will be used for as short a period as possible. If required, children must have confidence that a child protector or child probation officer is available.*

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<sup>22</sup> With a view to making this document easier to read, the term 'local team' will be used below and this will include primary youth care.

### **What has the evaluation of the Youth Act (JW) taught us?**

The evaluation of the Youth Act (JW) shows that vulnerable families with structural complex problems are often difficult to reach. The cooperation between institutions in the field of safety has improved (for example in the form of the youth protection consultation groups), but there is still a lack of togetherness in the organisation of work processes and risk assessments. Surveys among directors/professionals of the Safe Home organisation and the certified institutions, and the group discussions, show that local teams are good at identifying, but that the process of promptly identifying and tackling complex problems where there is an increased safety risk is not going so well. Both local teams and the certified institutions use forms of care interventions or 'coercion' in order to motivate families, with regard to which there are concerns about possible threats to children as they grow up, to accept care within a voluntary framework. The evaluation of the law raises the question of whether the use of coercion by the certified institutions is desirable. Questions could be asked of the independence of the certified institutions and the use of child protectors in this stage might lead to confusion among parents and young people about their legal authorities.

Partly due to the requirements which result from international treaties, certified institutions are obliged to obtain certification. According to the researchers it would be a good idea to look for methods which would mitigate the vulnerabilities of the certification in the event of loss of the certificate or implementation by another certified institution. The Inspectorate has stated that the certifying body - the Certification Institute [Keurmerkinstituut] - is performing its tasks properly. The cooperation between parties is improving. However, municipalities have stated that the cooperation with the youth criminal law organisations is not up to scratch. The researchers are also noticing that the youth care which is considered essential in the context of a coercive measure is not always available (on time).

## What are we going to do?

### **1. We are shortening the youth protection chain. Better cooperation, less overlap and shared evaluation criteria are increasing the speed in the chain.**

What exactly are we going to do?

- Together with the knowledge institutes and local teams, Safe Home (VT), the Child Care and Protection Agency (RvdK) and certified institutions are establishing a shared evaluation framework to assess threats in the parenting situation of the child and the family.
- Certified institutions, Safe Home (VT) and the Child Care and Protection Agency (RvdK) and local teams are reducing the turnaround time. This means the time between an observed threat and the time at which the execution of the protective measures starts. They are doing this by:
  - working in parallel wherever possible and using a joint triage, instead of a sequential approach whereby everyone assesses the situation using their own set of instruments;
  - removing any overlap in tasks and activities and;
  - intervening earlier in the case of families if the parenting situation and the safety of children does not improve (quickly enough).

This approach is being developed and tested in a number of pilots. We are adapting the rules and protocols where necessary. From an administrative point of view the chain partners are committing to the clarification and provision of the required space to experiment. The regions are taking the lead in terms of drawing up a plan of approach for the experiment in their regions.

- starting a study into the organisation of the 'youth protection chain' and its effectiveness and by identifying the effective factors/good practices.
- supporting pilots aimed at cooperation between the child protector and a social psychiatric nurse who can carry out a screening into the problems of the parent who is able to influence the child's development and can make a referral, as necessary, to adult mental health.

### **2. Together with the local teams we are going to tackle situations which are unsafe for children earlier and effectively. Whenever youth care is needed, it will become quickly available.**

The local team must have sufficient knowledge and skills to identify and tackle problems which can damage children. In this context it is important that there is clarity within each region regarding what a local team can be expected to do in terms of identifying and tackling unsafe parenting situations and what other measures can be taken by specialised institutions (Safe Home (VT), the Child Care and Protection Agency (RvdK), certified institutions).

What exactly are we going to do?

- In order to develop this course of action, a link is going to be made to the approach described for course of action 1 which includes, among other things, the collection of good examples and the use of expertise via specialised care, the creation of a shared view of the tasks of the local team, the more in-depth development of the specific role of this team and the necessary expertise and the drawing up of a field standard for the approach taken by the local team.

### **3. Parents, young people and children know their legal position on the interface between the voluntary and enforced framework.**

We encourage parents to take personal charge to make sure that their child(ren) can develop healthily and we also offer suitable care and support in order to prevent the imposition of a youth protection measure. With this in mind we hold talks with parents about what children need to feel safe and be able to develop as people. Sometimes we will have to impose strict limits. We use specific communication skills and a particular attitude to motivate parents to accept care in a voluntary framework after all. Professionals are clear about the consequences of not fulfilling agreements and remind parents that they can always consider terminating their voluntary cooperation. In that case professionals can ask the Child Care and Protection Agency to initiate an investigation into a possible supervision order. Specific expertise in or around the local teams is available to prevent such a measure. This task is not the prerogative of a specific institution. When an employee of a certified institution is used for this purpose, it has to be clear that their work should focus on motivating parents to keep respecting the stated limits and also accept the necessary care. Youth protection expertise is then used preventively.

What exactly are we going to do?

- Professionals will inform parents and children in understandable language about their rights and obligations. Parents can use services provided by client advisers.
- The Association of Netherlands Municipalities (VNG) and the state are organising a work conference about the interpretation of preventive youth protection in practice by the certified institutions.

### **4. We always involve parents and children in our decisions. The fact-finding action plan is helping us take well-founded decisions.**

Child protection measures have a drastic effect on the lives of parents and children. It is therefore inevitable that parents and children do not always agree with the measures imposed. In the context of implementing the Bergkamp motion<sup>23</sup> the Fact-finding Action Plan is intended to improve the implementation of Article 3.3 of the Youth Act (JW), *namely the full and truthful supply of the important facts in reports and applications of the Child Care and Protection Agency and certified institutions.*

The focus is not just on the correct presentation of facts in reports, but also on the treatment of parents and children and the attitude of the professionals in the youth protection process, from a notification to Safe Home and the start of the agency's investigation to the end of the measure. The National Consultation Body of Client Councils [Landelijk overlegorgaan cliëntenraden] (LOC) organised a number of regional meetings and provided input for the action plan (see [www.loc.nl](http://www.loc.nl)). A large number of parties were involved in these such as parent organisations, young people, the Child Care and Protection Agency (RvdK), Youth Care the Netherlands/certified institutions, Safe Home, the Judiciary, etc.

We are going to arrange:

- a good quality investigation of the facts with reports that are transparent and comprehensible for parents and children so that we can substantiate and explain drastic decisions;
- the improvement of communication and cooperation between parents and children and professionals;
- the improved use of the support for parents and children.
- The Fact-finding Action Plan is going to be submitted to the Dutch House of Representatives at the end of May 2018.

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<sup>23</sup> Parliamentary Papers II 2013/14, 33619, no. 13

**5. Municipalities and judicial organisations are working together on the timely use of youth care in a compulsory framework as well.**

The evaluation noted that the youth care which is necessary in the context of youth protection or the juvenile criminal justice system is not always available, or is not available on time. Young people sometimes have to wait no less than a year for the intervention imposed by the court. The prompt availability of these judicial interventions is a strict condition for them to be seen as credible. Care providers, victim support organisations, the police, the probation service, Child Care and Protection Agency, municipal representatives, schools and youth care organisations share information about young delinquents, their families, the victim and the social environment. By doing so they can determine the risk of re-offending and can create a tailor-made plan, which is referred to as the 'social environment recommendation'. To do this we are going to do the following:

- in each region the Child Care and Protection Agency (RvdK), 3RO (adolescent criminal justice system), certified institutions and municipalities will hold an annual consultation about the type of youth care that the parties need within the compulsory framework (and in particular the care which the court considers necessary in a criminal context) and which type of youth care institution is most suitable;
- the Child Care and Protection Agency will coordinate the care to be provided with the municipality, both during the advisory phase and after the verdict has been given;
- during this approach we will adopt the regional approach of waiting lists and waiting times as described in the section entitled 'Youth care close to the child';
- municipalities and the criminal justice chain will use the social environment recommendation not only to punish young people who have received a criminal conviction, but also to help them more effectively to stay on the straight and narrow.

**6. A child protector or child probation officer will always be available when the court imposes a measure.**

Youth protection and youth rehabilitation must be guaranteed at all times. In addition to the possibility of subsidising (instead of tendering) the youth subcommittee of the Association of Netherlands Municipalities (VNG) has adopted a recommendation consisting of six agreements to ensure continuity.

In connection with this we are starting the following activities:

- a. guarantee the six agreements for long-term continuity at the 42 youth regions together with the Association of Netherlands Municipalities (VNG) and facilitate them where necessary;
- b. amend legislation and/or regulations in order to simplify judicial proceedings for the replacement of a certified institution so that, as necessary, children can quickly receive supervision from another certified institution.

## Schedule

Who?	What?	When?
The state/the Association of Netherlands Municipalities (VNG)/Youth Care The Netherlands (JZNL)/certified institutions/ The Child Care and Protection Agency (RvdK)/Safe Home (VT)/district team The state	Pilots to improve youth protection chain	End of 2019
	Carry out study	Summer 2020
The state, the Netherlands Youth Institute (NJI), the Association of Netherlands Municipalities (VNG), Movisie, the municipalities, District Team Association [Associatie Buurtteam], the Child Care and Protection Agency (RvdK), certified institutions. Youth Care The Netherlands (JZNL), etc.	More unity and greater effectiveness of local teams (including guaranteeing safety expertise)	See course of action 1
Institutions/Youth Care the Netherlands/ municipalities	Improve the provision of information to clients through the use of youth protection expertise in order to prevent a measure	Autumn 2018
The state in cooperation with the Association of Netherlands Municipalities (VNG), parent organisations, institutions	Fact-finding Action Plan to Dutch House of Representatives Carry out action plan	May 2018 to 2022
The municipalities, the Child Care and Protection Agency (RvdK), certified institutions, the Ministry of Justice and Security (JenV), judicial implementing bodies, certified institutions, the adult probation service and the municipalities	Agreements relating to the purchase of youth care within compulsory framework Execution of social environment recommendation pilots in the context of the juvenile justice system	End 2018 Autumn 2018
The Association of Netherlands Municipalities (VNG)/municipalities The state	Guarantee agreements for long-term availability Amend legislation and/or regulations judicial proceedings	End 2018 01 January 2020



# Course of action 6:

## Invest in expertise

### What do we want to achieve?

- *Professionals are the capital of the youth care system. Without being prejudiced, professionals convey a number of basic values, namely respect, involvement and transparency. They are there for the children, young people and parent figures and, based on their requirement, they work together with other contributing stakeholders. Professionals are proud of their profession and the contribution they make based on their specific expertise in connection with others. A joint investment in knowledge, time, space, a learning environment for professionals and a safe environment is a precondition in order to achieve this in a changing society in which care for youth is in the spotlight.*
- *Professionals are learning professionals. Every day they want to be better at what they do in order to achieve the goals described this programme and they also want to become better and better at caring for children.*
- *Professionals who feel they have sufficient space due to a smaller burden of responsibility and less regulatory pressure in order to be able to act autonomously in the interest of the child and family.*
- *A healthy job market for (youth) professionals.*

### What has the evaluation of the Youth Act (JW) taught us?

The evaluation shows that the transformation goal of 'more space for professionals' has not yet been achieved in practice. According to the researchers the space which the law offers is limited by the space a municipality has to use its own accountability and administrative system. They therefore recommend that the diversity of municipal regulations and supervision arrangements are strictly limited.

The evaluation of the professional groups 'The voice of the professionals'<sup>24</sup> also shows that professionals are hampered in their work by bureaucracy and the regulatory pressure and burden of responsibility and the various requirements imposed and they do not feel they have more space than used to be the case when it comes to offering the right care.

#### Outcomes of round-table discussions

The round-table discussions confirm this picture. Besides less regulatory pressure and a smaller burden of responsibility, it is primarily important for proper substantive dialogue to be conducted between youth care providers, professionals and municipalities so that everyone feels a joint responsibility and to create trust.

**'Autonomy** is the professional **freedom** which exists within the applicable (ethical) norms in order to provide a tailor-made approach at your own discretion'

What is more the focus should not just be on the individual professional, but also on the cooperation between professionals in teams and networks. It is not realistic to expect individual professionals to do everything (have a broad view, do proper triage, provide care themselves and keep an eye on safety). An element of the intended result is provided by the group of professionals that represents different fields of expertise. Team development and individual development go hand in hand. The potential shortage of youth care professionals also featured during the round-table discussions.

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<sup>24</sup> <https://professionaliseringjeugdhulp.nl/assets/pdf-overig/PJJ-1803-Evaluatie-jeugdwet-digitaal-def.pdf>

## What are we going to do?

### 1. Support professionals in their expertise by:

#### a. Drawing up and implementing a new action plan entitled 'Young Professionals Expertise' [Vakmanschap Jeugdprofessionals]

This action plan starts in mid 2019 and replaces the current programme which is known as the Programme for Professionalising Youth Care and Youth Protection [Programma Professionalisering Jeugdhulp & Jeugdbescherming] (PPJ&J). The new plan focuses on professionalisation in the full spectrum of professionals employed in youth care. The main point of departure is that work will focus on what children, young people and their parents consider important based on a relationship which is as equal as possible and on them actually receiving better assistance. Youth professionals must also be given the opportunity and space to invest in their expertise. The action plan is designed to encourage the movement initiated by the PPJ&J Programme.

The action plan is to be implemented by a partnership platform to be set up under the name of 'Young Professionals Expertise'.<sup>25</sup> The intention is that this will be made up of professional associations, sector organisations (including Specialised Youth Care Sectors (BGZ)), Youth Care Quality Organisation (SKJ)<sup>26</sup>, municipalities, education and training institutes<sup>27</sup>, client organisations and knowledge institutions, as well as the Association of Netherlands Municipalities (VNG) and the state<sup>28</sup>. Based on a joint responsibility (extrapolated to who tackles which issues), work is being done on, for example, the following tasks:

- Supporting professionals in their work according to the shared basic values which result from the transformation goals of the Youth Act (JW) and the necessary cultural change. This means, among other things, a client-oriented approach. In doing so it is, for example, important that professionals are accountable in a normative framework. Other things that are important are the reinforcement of individual and personal strength, the promotion of safety, working on the basis of an integral viewpoint, cooperating (aimed at a team result) and lifelong learning and reflecting.
- Realising a learning environment for professionals based on jointly learning what works and making relevant agreements (see illustration below). A practical experience which connects learning to actions. The main focus is on always improving, using and continuing to develop knowledge, learning from each other and client reflection. We want to organise this regionally and nationally. The research referred to as '*chain-wide learning and working on the prompt provision of suitable care*' is an example of this. During this research lessons are to be learned from complex cases which involved, among other things, rare and very intensive specialist youth care.
- Developing the necessary dual professional identity which is, on the one hand, the profession for which the professional is trained (for example a social worker, psychologist, educationalist, psychiatrist, etc.) and, on the other hand, the identification with working with young people and families and the related shared basic values and skills.

25 Temporary working title.

26 SKJ: The Youth Quality Register Foundation [Stichting Kwaliteitsregister Jeugd].

27 Represented by the Senior Secondary Vocational Education Council [MBO-raad], the Netherlands Association of Universities [Vereniging van Universiteiten] (VSNU), the Netherlands Association of Universities of Applied Sciences [Vereniging Hogescholen] (VH) and the Netherlands Association of Training and Education [Nederlandse Raad voor Trainingen en Opleidingen] (NTR/O).

28 The governance of this partnership platform is to be worked out in more detail.

- Helping municipalities and care providers with the transition to the practical interpretation of the effect of the good commissioning practices and procurement policy of municipalities on the space for the professionals. The parties acknowledge the importance of investing in professionalisation and realise they have a role to play and responsibility in terms of ensuring the necessary quality.
- Broadening and developing the specific role and expertise of (youth care) professionals in the local teams/first line.
- Ensuring a permanently suitable curriculum which links up well with the practical situation (see b).

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**Working in a client-oriented way: Tips from children, young people, young adults, (foster) parents and professionals for even better care!**

One of the keys to success is to look for solutions for the care requirement together with children, young people, young adults and (foster) parents and also contribute to those solutions together. What does that require of youth workers and clients in practice? What do you need (from each other) to find a good approach together? The keys are recommendations by clients and professionals which are used to hold discussions with colleagues about what is important for children, young people, young adults and (foster) parents in terms of the care being provided and about what that requires the professional to do when it comes to treatment, communication and attitude. Short films and so-called key cards are available on this issue for young people, children, young adults, parents and professionals.

The following is an example of a key card for young adults:

- If you talk with me and not about me, I feel someone is listening.
- Involve more people with practical experience in youth care.
- Give us more and better information about 18-/+.
- Invest in permanent contact people.
- Work with me, not for me.
- Try to be open to new approaches.
- Ensure that the communication is appropriate for my level.
- Try to be open to feedback.

[www.professionaliseringjeugdhulp.nl/aanbieders-en-werkgevers/themas/samen-beter-beter-samen/clientgericht-werken/sleutels-voor-clientgericht-werken-2/](http://www.professionaliseringjeugdhulp.nl/aanbieders-en-werkgevers/themas/samen-beter-beter-samen/clientgericht-werken/sleutels-voor-clientgericht-werken-2/)

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## Het totale jeugdlandschap en haar ontwikkeling



EBP = Evidence Based Jeugdhulp = Bieden van goede jeugdhulpactiviteiten die vervangen worden als wetenschap laat zien dat het beter kan

**b. Arranging a permanently suitable curriculum which links up well with the practical situation (such as additional training and refresher courses, including training on the job) for the youth professionals of today and tomorrow.**

It is important that the youth professionals of today and tomorrow have the necessary knowledge, professional attitude and skills to work in transformational youth sector. For this to happen they need to keep developing permanently and the training courses and the additional training and refresher courses must be designed accordingly. In order to achieve this the 'Young Professionals Expertise' partnership platform must establish links where necessary with a number of existing educational pathways.

One approach would be to offer shortened courses with a qualification for lateral entrants via (module) certificates comprising (vocational-oriented) elements of senior secondary vocational education programmes. Then there is the administrative agreement which was recently concluded by the minister of Education, Culture and Science (OCW) with the Senior Secondary Vocational Education Council [MBO-raad]<sup>29</sup> which focuses on, among other things, lifelong development and enhancing the practical component of the educational programmes. This also provides opportunities for the youth care sector to tackle regional issues together with the education sector. In higher education this concerns, in any event, experiments involving demand-driven funding and flexibilisation. As a result training courses may vary and be tailor-made for the student. When developing these courses the joint basic values and skills formulated by the 'Young Professionals Expertise' partnership platform are used<sup>30</sup> wherever possible

**2. Reduce the rules of bureaucracy for professionals by implementing the programme 'Deregulation in the Care Sector' [Aanpak Regeldruk] programme.**

Much of the administrative burden is avoidable. In order to do something about this, various activities have been initiated, about which the Dutch House of Representatives is to be informed separately via the *programme 'Deregulation in the Care Sector'*. It primarily concerns: the bill to reduce the administrative burden with the obligation to use information standards per implementation variant (2018); the Association of Netherlands Municipalities (VNG) encouraging municipalities to agree with providers to use the agreed uniform set outcome indicators and to have providers submit them to Statistics Netherlands (CBS).

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<sup>29</sup> In this administrative agreement (2018-2022; [www.mbo-raad.nl/publicaties/bestuursakkoord-ocw-mbo-raad-2018-2022-trots-vertouwen-en-lef](http://www.mbo-raad.nl/publicaties/bestuursakkoord-ocw-mbo-raad-2018-2022-trots-vertouwen-en-lef)) it has been agreed that each school for senior secondary vocational education makes quality agreements aimed at three national themes: young people in a vulnerable position, equal opportunities in education and education that prepares young people for the future. That last theme focuses very heavily on the development and strengthening of the courses' practical component, for example skills aimed at cooperation, and knowing where your limits are and when you have to engage another expert from, among others, the social domain and schools.

### 3. Create a healthy job market.

In order to create high-quality youth care and youth protection you need sufficient, properly trained and motivated professionals. That is why the Ministry of Health, Welfare and Sport (VWS) and the Ministry of Justice and Security (JenV), together with the Association of Netherlands Municipalities (VNG), sector and client organisations, the Collective Interests Fund [Fonds Collectieve Belangen] (FCB), professional associations, trade unions and training institutes (represented by the Senior Secondary Vocational Education Council, the Netherlands Association of Universities (VSNU), the Netherlands Association of Universities of Applied Sciences (VH) and the Netherlands Association of Training and Education (NTRO) are conducting a study of the job market in order to:

- analyse the bottlenecks;
- establish points of departure for improvements and best practices;
- develop future scenarios.

As soon as the results of the study are available (autumn 2018), we and the above-mentioned partners will initiate the necessary activities also with a view to implementing the VWS-wide Labour Market Agenda 2023.

## Schedule

Who?	What?	When?
A new cooperation platform called 'Youth professionals' expertise' [Vakmanschap Jeugdprofessionals]	Support youth professionals in their expertise by: a) Realising and implementing a new 'Young Professionals Expertise' action plan. b) A permanently suitable curriculum which links up well with the practical situation (such as additional training and refresher courses, including training on the job).	End of 2018-2021
Ministry of Health, Welfare and Sport (VWS), Ministry of Justice and Security (JenV)/Association of Netherlands Municipalities (VNG), sectors	Programme 'Deregulation in the Care Sector'	2018 -2021
Ministry of Health, Welfare and Sport (VWS) and Ministry of Justice and Security (JenV)	Study of the job market for youth care/youth protection Agreement and activities with parties in the field	September 2018 November 2018

# Youth support services

## Close to the child

### What do we want to achieve?

*Since 2015 the municipalities, youth services providers and the state have joined forces to realise an important social transformation, namely to bring youth care closer to the daily lives of children and families. Municipalities and providers have the ambition and responsibility to organise comprehensive care for children and families in a tailor-made way and in a way which is accessible for the family. In recent years excellent steps have been taken to achieve this ambition, but there is a growing realisation that quite a bit of work still has to be done before young people in the Netherlands can actually be provided with the most suitable care and support.*

*Municipalities, sectors and the state are joining forces in order to achieve the following:*

- In 2018 each region will have comprehensive agreements about the approach to waiting lists and waiting times, including the availability of a regional team of experts (2018) and regional learning groups (2019).*
- In 2018 it will be clear which (highly) specialist youth care is to be offered, purchased and made available at national level. This will be done on the basis of the VNG's national framework agreements for specialist youth care and the Social Support Act (Wmo) (young people with sensory disabilities). The state will not, therefore, procure at national level. Attention also has to be paid to the range of care that needs to be developed.*
- In 2021 the supply of ambulatory specialist care will have increased and the supply of specialist intramural care will have decreased on the basis of careful coordination between the parties. The duration of a placement will also have decreased.*
- In 2020 good professional (collective) commissioning practices will be in place.*
- In 2020 no avoidable administrative charges will apply to the cooperation between providers and municipalities, so that more money and time can be spent on the client.*

**What has the evaluation of the Youth Act (JW) taught us?**

According to the evaluation of the Youth Act (JW) there is not yet any reduction in requests for specialised care. Attention also needs to be paid to the issue of securing rare expertise and specialist care. Joint purchasing by municipalities will address the concerns that these provisions are no longer being purchased due to decisions by individual municipalities and are consequently under pressure, as a result of which they will no longer be available to the children and young people who desperately need them.

The evaluation also indicates that it would be good if municipalities and care providers jointly agree on a usable registration of waiting times and waiting lists. They will then have the challenge of using that information to help create a learning system.

According to the evaluation there is currently considerable diversity as regards accountability instruments. According to providers of youth care that diversity is a hindrance. First and foremost it leads to extra administrative pressure for providers. The other disadvantage is that the performance of municipalities cannot be compared, as a result of which they no longer have the option of mutual reflection.

**What does the report by the Youth Transition Authority (TAJ) tell us?**

According to the Youth Transition Authority (TAJ) the impact of the transformation will be considerable for many parties in the coming years, not least for providers of specialist youth care, given the conversion of intramural provisions into other forms of care. It is important that the parties structure the conversion process carefully and on the basis of mutual consultation. Attention needs to be paid to the diverse questions and needs of young people and the availability of essential functions in youth care must be continually safeguarded. In its 2017 Annual Report the Youth Transition Authority (TAJ) made recommendations for creating preconditions for the transformation. Those recommendations resulted from the observation that a number of persistent problems exist which need to be tackled. The Youth Transition Authority (TAJ) has now observed that many of the recommendations relating to these problems have resulted in (national) activities in 2017. The effects of these efforts are still insufficiently visible and a number of problems are limited, or not yet resolved.

The Youth Transition Authority (TAJ) is of the opinion that all the parties involved must take steps to continue developing the system in the right direction and to create a learning environment. An aligned development agenda is needed at the various levels in the coming years with clear – jointly supported – objectives in which changes are implemented step-by-step and in a prioritised manner. The content of the innovation agenda must come from clients, professionals, providers and municipalities jointly, so that a supported concept of suitable care is properly implemented.



## What are we going to do?

### 1. Regional approach to waiting lists and waiting times.

We are going to achieve this as follows:

- a. Comprehensive agreements in each region about the approach to waiting lists and waiting times.
- b. A social map in each region so that parents and referrers can easily see where care is being provided per region. Each region updates this map.
- c. Each region has an expert team to ensure that every child receives the care they need.
- d. Each region has agreements to help drive the process forward.
- e. Each region has a learning group to facilitate broad learning from case histories which have led to the use of rarely used specialist youth care.

### 2. In 2018 it will be clear which (highly) specialist youth care is to be offered, purchased and made available at national level.

We are going to achieve this as follows:

- a. In 2018 municipalities will clarify which care is being offered and purchased and is available at national level, based on the national framework agreements for specialist youth care and the Social Support Act (Wmo) (people with sensory disabilities) of the Association of Netherlands Municipalities (VNG).
- b. For highly complex care which is purchased nationally, a national consultation group is to be set up to share good examples of expert teams and discuss complex case histories.

### 3. In 2021 the supply of rarely used specialist intramural care will have decreased and the supply of ambulatory specialist care will have increased. The duration of a placement will also have decreased.

We are going to achieve this as follows:

- a. A transformation budget (totalling € 108 million, period 2018 to 2020). In order to be eligible for a contribution, 'Regional youth care deals' will be entered into. To that end youth regions will draw up a three year transformation plan in 2018. A transformation plan relates to the objectives of the programme care for youth with, in any event, a focus on a careful and measurable shift from a (highly specialist) intramural supply of care to a more ambulatory specialist supply in a family-oriented setting.

If necessary due to the problem that exists in the region, the transformation plans will also include related domains, such as 18-/18+ and youth care and education. More information about the impact and distribution of the transformation budget will follow in the 2018 September circular.

- b. As part of the 'Youth Regional Deals' the regions will agree a long-term, published approach aimed at transformation and renewal.
- c. An important point to consider with regard to the 'Youth Regional Deals' is the way in which long-term purchasing procurement contracts are put in place in each region, aimed at transformation and renewal, which are consistently translated into one of the three implementation variants of the Provision of Information in the Social Domain programme.
- d. The use of a new Youth Care Support Programme (OZJ). The Youth Care Support Programme (OZJ) is a dynamic programme that must have been organised by the end of 2018 (see Section 9 for tasks).

### **(Supra) regional cooperation**

The Youth Act (JW) requires supraregional cooperation for certain tasks. A history of central funding led in the past to a compartmentalised care landscape with a broad national spread which we can also see in both the regular supply and in the specialist functions. This spread is a problem for municipalities and providers. A larger supraregional spread is also unavoidable in the future for the truly specialist functions. Municipalities will have to adopt a position on this at a regional or even supraregional scale, depending on the size of the region. This spread is not essential for the regular supply and instead scale reduction and a shift towards the regions are desirable.

Although there are various promising developments, for example in relation to the 24 hour Care Landscape statement, not all municipalities have yet focused their good commissioning practices sufficiently on the joint responsibility for making necessary specialist care available. Certain providers see themselves more as a national specialist, although there are a lot possibilities at regional level.

The responsibility for a more organised care landscape, closer to the child and the family, should therefore be assigned collectively to the municipalities and the regions.

#### **4. In 2020 good professional (collective) commissioning practices will be in place.**

We are going to achieve this as follows:

- a. Safety net agreements and other agreements about early warning in relation to the continuity of care and controlled scaling down of intramural highly specialist care in each region.
- b. The Youth Act (JW) requires supraregional cooperation for certain tasks. The current 42 regions are the outcome of a process chosen by the municipalities. Municipalities and providers benefit from easy and well-organised regional cooperation. The composition of the current regions is therefore staying the same and they are cooperating efficiently at both a regional and supraregional level.
- c. If one of the regions disintegrates, a discussion will first take place via the Youth Care Support Team (OZJ) or members of the Youth Committee of the Association of Netherlands Municipalities (VNG). If, despite the efforts of all the parties involved, the cooperation in a region breaks down, the government will consult with the municipalities in question. In extreme cases municipalities may be obliged to cooperate via a general administrative order. A bill to this effect has been submitted to the Dutch House of Representatives (Parliamentary Papers II 2017/18, 34 857, nos. 1-3 et seq).
- In the run-up to the Youth Care Support Programme (OZJ) the Youth Transition Authority (TAJ) is to be extended, in amended form, until 1 January 2019. In addition, providers can submit applications for temporary liquidity support until 1 January 2019. The Care Landscape programme will also be extended until that point in time.
- In 2019-2021 the Youth Care Support Programme (OZJ) is to be operational. After that an assessment can be made as to which support is still desirable. The Youth Care Support Programme (OZJ) is aimed at municipalities and providers (certified institutions and youth care).

#### **5. In 2020 no avoidable administrative charges will apply to the cooperation between providers and municipalities, so that more money and time can be spent on the client.**

We are going to achieve this as follows:

- a. Municipalities (council members) will be sent a standard report after the elections about the state of youth care in their municipality and region which will include instructions on where they can find more information. This is intended to encourage more fact-driven politics (May 2018).
- b. A ministerial decree is to be drawn up which will make the use of standard notices obligatory after the bill that contains the authority for such a decree (Parliamentary Papers II 2017/18, 34 857, nos. 1-3 et seq) comes into effect (the aim is for this to take place on 1 January 2019).
- c. Continuation of the Provision of Information in the Social Domain (ISD) programme or a role for the Youth Care Support Team (OZJ) when calling the municipalities to account for the inconsistent implementation of the variants with standard notices. This process will be supported on the basis of the covenant between providers and the municipalities for two years (2018- 2020).
- d. ISD or the Youth Care Support Team (OZJ) monitors the degree of consistent use of implementation variants and the use of standard notices (2018-2020).
- e. A national set of outcome criteria will come into effect to ensure that the scores on those criteria can be submitted to Statistics Netherlands (CBS).



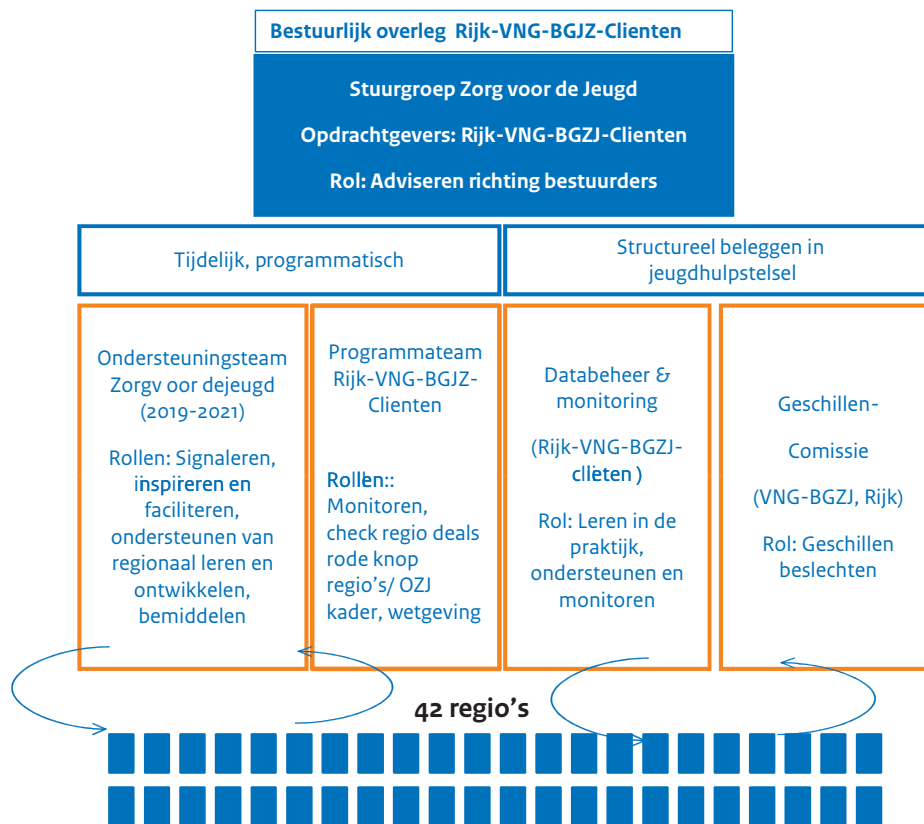
# Organisation

## Programme implementation

*The Youth Act (JW) assigns considerable responsibility to the municipalities. They are cooperating in the 42 youth care regions as well as with local/regional care providers, professionals and client organisations. The programme's courses of action particularly require efforts to be made in the regions. The way the programme is controlled will support the process in the regions and therefore also suits this distribution of responsibility and the partnership between the state, municipalities, client organisations and providers. We want to gain a shared insight into the progress made in terms of implementing the programme and also support and learn from each other.*

*The Ministers of Health, Welfare and Sport (VWS) and Legal Protection, the Association of Netherlands Municipalities (VNG), the Specialised Youth Care Sectors (BGZJ) and the national client organisations are implementing the programme on the basis of a **partnership**. They discuss the progress achieved by the programme periodically in administrative consultations and, if necessary, jointly look for solutions to problems which occur during the programme's implementation.*

*The **Youth Care Steering Committee** (clients, municipalities, sectors and the state is taking an authoritative position with regard to the National Youth Care Programme Team [landelijk programmateam Zorg voor de Jeugd] (LPZJ) and the National Youth Care Support Team (OZJ). The programme team and the Youth Care Support Team (OZJ) fall under the steering committee as a long-term support structure. The steering committee is adopting a broader position than just controlling the programme team and the Youth Care Support Team (OZJ).*



The steering committee can use (temporary) assignments, projects or programmes in order to advise on a wide range of subjects, such as:

- real estate development
- youth care obligation
- providers' liquidity position
- cost-covering rates
- the effects of tenders on the youth care landscape
- the degree of integration between youth care and youth protection/youth rehabilitation

The steering committee periodically commissions independent parties to carry out research into themes such as real estate and the interpretation of the duty of care. On the basis of the research outcomes the steering committee can issue instructions to the Youth Care Support Team (OZJ) and inform the party responsible for the system.

Under the responsibility of the steering committee a **National Youth Care Programme Team (LPZJ)** is to be set up to coordinate the programme's implementation. This team consists of employees of the Association of Netherlands Municipalities (VNG), sectors, clients and the state. The programme team's task is to monitor progress. The team receives signals from the Youth Care Support Team (OZJ) and can also forward signals from the country to the Youth Care Support Team (OZJ). The programme team's task is to tackle bottlenecks – where necessary on an interministerial basis – which can be resolved at local/regional level or with support from the Youth Care Support Team (OZJ) and the Youth Committee of the Association of Netherlands Municipalities (VNG) (a red button will be used for this purpose). This team will also assess the so-called '**region deals**' which are linked to the transformation budget.

When executing the courses of action the **relevant parties will be involved and existing consultation structures** will be used wherever possible. Examples of these are the foster care action plan, the implementation of the agreements of the Summit for Young Adults and the approach to non-attendees whereby cooperation is often already taking place in working groups or other groups with representatives from the municipalities, providers, educational organisations, professionals, clients and the state.

The **Youth Care Support Team (OZJ)** primarily has the following tasks, although it does have space to respond to current developments:

- To support learning development, using the development circle.
- To support regions with implementing the region deals.
- To support and advise municipalities in connection with the transformation and purchase of (highly) specialist youth care aimed at various groups of clients (short-term, curative, chronic, family problems, single, trauma, human trafficking with their own specific care requirements and the suitable supply).
- To connect regional plans so that there is collective practical learning in the field of waiting lists, transformation and the procurement of (highly) specialist youth care.
- To acquire examples of the regional approach in relation to waiting lists, transformation and the procurement of specialised care which have been proven to be effective.
- To advise municipalities in relation to supraregional coordination.
- To mediate between municipalities and providers who cannot reach agreement.
- To provide specific advice on the continuity of care and perspectives for action in the event of discontinuity.
- To monitor and identify.

When building up the Youth Care Support Team (OZJ) an assessment is made of the extent to which it is possible to integrate other support structures.

**Escalation ladder:** If cooperation or encouragement do not provide a solution, a discussion will take place via the Youth Care Support Team (OZJ) or the steering committee. If the efforts of the parties involved do not offer the desired result for all parties, it may be necessary to seek help to settle the dispute. If more action is required, the government will consult with the respective municipalities. After that the state can – in extreme cases – consider intergovernmental supervision.

In view of the above a self-regulating **disputes committee** will be set up by the municipalities and providers. In the first instance the committee's task is to settle disputes between municipalities and providers. When setting up the disputes committee, an assessment will be made of the correlation with disputes structures in related domains.

The programme structure, including the precise interpretation and positioning of the disputes committee is to be worked out and put in place in the coming months. The programme team and the steering committee will start work in June of this year. The Youth Care Support Team (OZJ) and the disputes committee are to be put together during the course of the year whereby, at the same time, the activities of the Youth Transition Authority (TAJ) and the ongoing Care Landscape programme are to be scaled down and converted. The aim is for the Youth Care Support Team (OZJ) to be fully operational on 1 January 2019.

The national task we are facing is the realisation of suitable, responsible and effective youth care in a learning decentralised system. The transformation task requires temporary and suitable measures which contribute to this goal and a number of structural measures which have to be present in a decentralised system. All this is taking place in a changing playing field and there needs to be a learning process.

Partly in view of the importance of this learning process we are going to develop the **Care For Young People website** in 2018 so that we can communicate about the progress and results of the programme. Good examples will be shared during the annual '**Day For Young People**'.

## Progress and results

The Ministers of Health, Welfare and Sport (VWS) and Legal Protection inform the Dutch House of Representatives twice a year about progress as regards the actions and programme results. These updates are provided in the spring (May) and autumn (November) based on the current CBS data and other available studies. The available studies are to be added as an annex to the periodical reports so that the House of Representatives can assess them together. The monitoring will be based on the Intergovernmental Rules and the agreements as made for the reduction in the monitoring burden. Among others, we will use the following sources for these periodical reports:

### A. Client satisfaction

In the first place we are going to ask young people and families themselves whether they feel they have received noticeably better support. We are going to ask this both of young people and families that receive youth care and those who do not. We still have to work out how we can do this best, for example using a national questionnaire, or perhaps by collecting 'stories' from children, young people and parents. This will link up as much as possible with existing questionnaires, such as the client experience study in relation to young people and the Social Support Act (Wmo) and the social domain outcome monitor which is under development.

#### **Client satisfaction and national outcome criteria**

Client satisfaction provides an indication of whether families feel properly supported. Municipalities and youth care providers register client satisfaction in various different ways as part of their quality systems. In 2016 the Association of Netherlands Municipalities (VNG) and the sectors of youth care providers developed national outcome criteria with support from the Netherlands Youth Institute (NJI). These criteria are a combination of objective (drop-out and repeated appeal) and subjective criteria (satisfaction with care offered, or being able to continue without care). A general administrative measure [algemene maatregel van bestuur] (Amvb) is being prepared so that Statistics Netherlands (CBS) can ask youth care providers to provide the scores on these criteria twice a year.



## **B. National indicators**

We are following the use of youth care, youth protection and youth rehabilitation via CBS Policy Information and other available monitors, datasets and infrastructures as included in the social domain monitor. We are also following the Intergovernmental Rules and the agreements as made for the reduction in the monitoring burden. We are satisfied if a number of important indicators are developing well, such as the figures on client satisfaction, on the number of children who can live without care, the increase in the number of children in foster care or family-oriented care, the increase in extended foster care, and decrease in the number of non-attendees, the decrease in the number of children with a youth protection measure, the decrease in the children in secure youth care or the number of separated children.

We are using national indicators which will usually be broken down regionally, such as:

- Statistics Netherlands (CBS) youth care figures
- the number of children in care via a district team (Statistics Netherlands (CBS))
- the number of children referred by a GP (Statistics Netherlands (CBS))
- the number of children in foster care (Statistics Netherlands (CBS))
- the number of children with extended foster care (Statistics Netherlands (CBS))
- the number of children in family-oriented care (Statistics Netherlands (CBS))
- the number of children in secure facilities (Statistics Netherlands (CBS))
- the number of children receiving (youth) care and attending education (Statistics Netherlands (CBS))
- the number and duration of youth protection measures (Statistics Netherlands (CBS))

## **C. (Process) monitors of regional agreements, such as:**

- what you can expect a local team to do
- the procurement of specialist youth care
- transparent waiting times
- the consistent application of national implementation variants for procurement, accountability and messages in order to reduce bureaucracy
- the use of (supraregional) expert teams

## **D. (Further research will be used to gain an insight into the returns from, for example:**

- the cooperation between youth care and youth healthcare with regard to accessible parenting support
- small-scale, family-oriented care
- the supervision of vulnerable young people using integral plans for the future
- the alignment of the voluntary and compulsory framework
- the alignment of youth care and public healthcare
- the number of separated children

# Financing

On 14 February 2018, with the signing of the Intergovernmental Programme (IBP), the state and the Association of Netherlands Municipalities (VNG) made agreements about the shortages in the social domain experienced by municipalities. It was established that the municipal fund is going to develop very positively in the coming years. In the March 2018 circular, which was recently published by the Ministry of the Interior and Kingdom Relations (BZK), an insight was provided into how much higher the resources are going to be in the coming years and what this means for each municipality.<sup>31</sup> It was also agreed that a temporary provision should be made for municipalities confronted with an accumulation of shortages in terms of performing the tasks in the social domain. The scope of the provision is € 200 million. The provision is to be supplemented with € 100 million in 2018 from the budget of the Ministry of Health, Welfare and Sport (VWS) and € 100 million in 2018 from the general allowance. The distribution of funds across the municipalities is to be provided by the Association of Netherlands Municipalities (VNG). Subject to approval during the General Meeting [Algemene ledenvergadering] (ALV) in June by the members of the Association of Netherlands Municipalities (VNG), the funds for the provision are to be set apart in a decentralisation grant within the municipal fund. If any funds remain in the decentralisation grant they will be transferred to the general allowance. A procedural agreement has also been made about the transfer of youth funds to the general allowance.

It has also been agreed that an investigation should be carried out into the differences between the spending by municipalities, the purpose and distribution. This investigation will be included in the ongoing investigations into the distribution models in the social domain by the Ministry of the Interior and Kingdom Relations (BZK).

Three amounts of eighteen million euros have also been reserved in the Coalition Agreement for a Transformation Fund for the Youth Care programme. Together with the funds which municipalities have made available for this, a total of € 108 million is available to boost the transformation of youth care in the coming years. The Transformation Fund is going to be implemented in consultation with municipalities and the youth sector.

On behalf of the tasks and activities relating to the approach and the Youth Care Support Team that is going to be put in place for three years as from 2019, an annual amount of € 5 million is being reserved in the budget of the Ministry of Health, Welfare and Sport (VWS).

**Table 1 Overview of the finances of municipalities in the Youth Care programme**

	2018	2019	2020	Structural
<b>Provision for Social Domain shortages*</b>	€ 200 million	-	-	-
<b>Transformation Fund**</b>	€ 36 million	€ 36 million	€ 36 million	-
<b>Support for youth care***</b>	-	€ 5 million	€ 5 million	-

\*This provision is to be supplemented with € 100 million in 2018 from the budget of the Ministry of Health, Welfare and Sport (VWS) and € 100 million via municipalities (via the general allowance).

\*\*The transformation fund is to be financed 50/50 by the Ministry of Health, Welfare and Sport (VWS) and municipalities.

\*\*\*€ 5 million is to be reserved for youth care support in 2021 as well.

<sup>31</sup> <https://www.rijksoverheid.nl/documenten/circulaires/2018/03/20/maartcirculaire-gemeentefonds-2018>



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**The Specialised Youth Care Sectors (BGZ)**

**Landelijke Cliëntenorganisaties**

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