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DECENTRALIZATION OF YOUTH CARE IN THE NETHERLANDS:

A CHANGING PARADIGM IN THE DUTCH WELFARE STATE?

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ABSTRACT

In The Netherlands, three main services in the social domain were decentralized in 2015, among which youth care. Some authors have described these reforms as part of a larger paradigm shift from a classical welfare state to a participation state. However, the decentralization of youth care has faced many challenges and, as such, large resistance, particularly due to the retrenchments that accompanied the reforms. This research note investigates the extent to which policymakers have tried to minimize the impacts of such resistance to be able to realize the paradigm shift. It is found that techniques of New Politics were used ex-ante in an attempt to pursue retrenchments. However, the decentralization has led to unintended policy feedback, while intended outcomes were not reached. These contradictions in youth care reforms exemplify the burdens that policymakers face in changing welfare policies, especially when paired with retrenchment and reallocating responsibilities.



INTRODUCTION

21st-century changes within the Dutch welfare state have been described as “a massive reorientation from a solidaristic and state-provided collective welfare state provision to a participatory state, where citizens [...] own the responsibility of their own wellbeing” (Van Gerven, 2019, p. 401). In line with Bonoli and Palier (2007), Van Gerven further argues that smaller policy reforms might be leading to a paradigm shift. Motivated by increased responsibility local governments, decentralization form a notable example of such reforms (Van Gerven, 2019).

In many welfare states, a decentralization trend in care services is seen (e.g. Bannink & Ossewaarde, 2012; Bossert, 2013). The Netherlands forms no exception: in 2015, three main services were decentralized: social support, work participation services and youth care (Vermeulen, 2015). These reforms are characterized by increased responsibility of individuals for their own wellbeing (Social Support act, 2015; Participation Act, 2015; Youth Care Act, 2015).

However, the decentralizations are criticized. The Youth Care Act, with which responsibilities for youth care have been allocated to municipalities, has especially faced resistance (Netherlands Youth Institute [NJI], 2019). Municipalities are said to lack the resources and expertise to adequately fulfill their responsibilities (SP, 2021). Besides,

decentralizations have caused major problems in the quality of youth care (Inspection for Health and Youth & Inspection for Justice and Security, 2019). Contrasting these criticisms and outcomes against the reforms, this research note aims to investigate the following research question: to what extent have policymakers tried to prevent or minimize the impact of policy feedback and outcomes in the decentralization of youth care in The Netherlands, and have they been successful in doing so?

To answer this question, this research note has three underlying objectives. First, the policy reform is analyzed to understand what has changed with the decentralization and whether there have been additional changes since 2015. Second, Pierson’s new politics literature is applied to understand whether policymakers have tried to prevent or minimize resistance, especially towards the retrenchments that accompanied the decentralization. Finally, the extent to which waiting times of youth mental health care have changed with the reform is tested in an effort to understand whether the decentralization has realized its intended objectives. Combining these objectives, based on a literature review and empirical analysis of the reform and its outcomes, conclusions are drawn on the question of whether there has indeed been a paradigm shift, or whether this has been challenged by a reality of policy feedback and outcomes.

"TO WHAT EXTENT HAVE POLICYMAKERS TRIED TO PREVENT OR MINIMIZE THE IMPACT OF POLICY FEEDBACK AND OUTCOMES IN THE DECENTRALIZATION OF YOUTH CARE IN THE NETHERLANDS, AND HAVE THEY BEEN SUCCESSFUL IN DOING SO?"



RESEARCH DESIGN

The analysis is conducted on the meso-level, has a national scope and adopts a longitudinal time frame, analyzing the individual youth care scheme in The Netherlands between 2000 and 2020. It consists of a literature review and an empirical study. First, relevant literature on (decentralization of) youth care in The Netherlands was reviewed to identify relevant changes in youth care policies before and after the 2015 reform. The review was complemented by more general literature on youth care and decentralization of care services to get a more complete understanding. The search for literature was conducted using several online sources, including Google Scholar and WorldCat. Examples of keywords used included (combinations of) “decentralization”, “social services”, “welfare state”, “youth care”, “Netherlands”, “2015”, “new politics” and “participation state”.

The literature review was followed by an empirical analysis of the reform. Secondary data was collected, consisting mainly of government regulations, annual reports and press releases, and data from the National Youth Institute (NJI). The analysis consisted of quantitative volume measures of the welfare state, including total expenditures and constituencies, and was complemented by measures of qualitative indicators to indicate policy intentions (e.g. Clasen & van Oorschot, 2002). To test whether the decentralization of youth care has reached its objectives of better integration, waiting times of youth mental health care were used as an example indicator. Data from the National Institute for Public Health and the Environment (RIVM) were used and complemented with more recent data from MediQuest.

Despite recent efforts, there is a lack of adequate longitudinal quantitative data on youth care in The Netherlands (NJI, 2017a). Therefore, the empirical analysis is mainly based on qualitative data. Furthermore, the decentralization led to a fragmentation of data not just on the welfare policy itself, but also on the outcomes (Het vergeten kind, 2021). Therefore, our research is an attempt to fill the international gap of data on youth and mental health (e.g. OECD, 2021)

LITERATURE REVIEW

Four main themes were identified: responsibilities, benefit generosity, new politics and policy outcomes. The literature on these themes will be summarized and synthesized

Responsibilities

Before 2015, youth care in The Netherlands consisted of three components: (1) universal policies, like education and child care, (2) preventive services and (3) specialized services, like child protection and mental health care (Ronis, Slaunwhite & Malcom, 2017; Bosscher, 2014). Whereas municipalities were responsible for universal and preventive services, the provinces and national government were responsible for specialized services. Since 2015, municipalities have become responsible for all services (Vermeulen, 2015; Kroneman et al., 2016).

The main rationale for the decentralization of youth care to the municipalities is described as the “Dutch ideal of bringing policy closer to the people, for more user-centered and cost-effective services”, fitting within a wider transition towards a ‘participation society’ (Hoekman et al., 2017, p. 133). The municipalities’ main responsibilities consist of supervising the health of its population, setting local health targets, and purchasing decentralized care services (Kroneman et al., 2016).

Benefit generosity

The decentralization of youth care was followed by extensive budget cuts (van der Voet, Steijn & Kuipers, 2017). Furthermore, decentralizing social services to municipalities may lead to under-provision, mainly due to the idea that beneficiaries might move to municipalities with the most generous welfare benefits (Vermeulen, 2015; Boadway & Wildasin, 1984).

Vermeulen (2015) argues that this is particularly true for youth care, since “young families are generally more mobile than elderly recipients of long-term care” (p. 132). Although this could be controlled through central quality measurement and enforcement, this is unlikely to fully reduce the under provision, since it conflicts with the original objective of decentralization, which expects municipalities to tailor their services to individual needs (Vermeulen, 2015).

New Politics

Following the literature, youth care expenditures have been structurally retrenched since 2015. For politicians, this is an undesirable position, since retrenchments are unpopular measures to take according to their constituencies. That is, pursuing retrenchments makes constituencies more likely to mobilize collectively and express their disagreement against the politicians’ actions, which is something politicians wish to prevent (Pierson, 1996). This therefore raises the question how the retrenchments in youth care have been pursued.

One way in which politicians can still pursue retrenchments while preventing the risk of their constituencies turning against their policies, is through engaging in Pierson’s (1996) New Politics. New Politics focuses on blame avoidance: politicians intend to avoid the blame for retrenching. In relation to retrenchment, several techniques are identified in the literature.

Obfuscation

Obfuscation is a technique in which politicians obscure the retrenchment, for instance by concealing responsibility for retrenchment (Pierson, 1994). One way of doing so is through

decentralization, creating a ‘subsidiarity paradox’: national welfare state challenges are transferred to local authorities (Bannink & Ossewaarde, 2012). This happens in decentralization of youth care, as governments leave the task of arranging youth care to local authorities. As such, “shifts in responsibility for social care services were accompanied by (stringent) austerity measures, increasing local responsibility but limiting capacity to address social problems” (Jansen, Javornik, Brummel & Yerkes, 2021, p. 1263). The problem does not fade, it is merely transferred to the municipalities; the pursued retrenchment was obfuscated.

Justification

Secondly, blame can be avoided by means of justification, in which politicians try to “persuade their voters that the welfare state is retrenched to save it or to remedy its policy failures” (Green-Pederson, 2002, p. 34). When implementing the Youth Care Act, the Dutch government argued this would solve one of the main failures of the current system: that is, inefficient care provision because the central government is not close enough to the population, whereas municipalities are better aware of the local situation and should thus be able to deliver better tailored services (Hoekman, van der Roest & van der Poel, 2017; Dijkhoff, 2014). The new decentralized system was promised to be “more efficient, coherent and effective” (Van Gerven, 2016, p. 25). The government thus used youth care problems as a way of justifying the decentralization and retrenchment.

Outcomes

Already in 1994, the Dutch government announced that youth care had to become more integrated to improve its quality and reduce waiting and treatment times (Smit, North & Klomp, 1997). However, the literature is critical towards the extent to which the intended outcomes of the decentralization of youth care have been achieved. For example, Nooteboom et al. (2019) have argued that even though reducing fragmentation of the youth care system was a policy objective, decentralization alone was insufficient to achieve this since municipalities must have better knowledge about practice in order to successfully implement its new responsibilities. In line, it is argued that for this particular form of decentralization, but also for decentralization in general, municipalities are “not always very well-equipped to deal with the challenges they face in the light of new tasks and responsibilities” (Jans, Need, Van Gerven & Denters, 2018, p. 361).

EMPIRICAL FINDINGS

General characteristics of youth care in The Netherlands

General characteristics of youth care before and after the reform are summarized in Table 1. Although the decentralization is clearly visible in the total expenditures of the central Dutch government (Figure 1), data on expenditures of municipalities are fragmented and therefore difficult to draw up. However, the Youth Care policy came with a structural retrenchment of €450 million (NJI, 2018). Despite the initial retrenchment, the government did come back to this decision at several points during the transition period, allocating extra budgets for youth care (Government of The Netherlands [GON], 2019a).

Table 1
General characteristics of youthcare: before and after the reform

Dimension	Before 2015	After 2015	Main sources
Expenditures	Before 2011: increase in expenditures per year.	2015: need for reducing increased costs of youth care	VVD & PvdA, 2012 NJI, 2018
		2015: structural retrenchment of €450 million	GON, 2019a
	After 2011: trend of retrenchment started (Figure 1)	2019: €420 million additional budget	GON, 2019b GON, 2021
		2020 & 2021: €300 million additional budget	Ministry of Health, Wellbeing and Sports annual reports (2000-2020)
		2022: €1.3 billion to municipalities as a compensation for deficits in youth care	
Copay		2015: copay for youth care was intended, but not introduced in the Youth Care Act	VVD & PvdA, 2012 GON, 2017a
		2016: abolishment of parental contribution for youth mental healthcare	
Number of constituencies	2000-2009: doubling of the number of constituencies (2000: 128.100; 2009: 264.252)*	Expectation: less constituencies due to more personal care	CBS, 2021 NJI, 2019
	2009-2015: increase of 50% (2009: 264.252; 2015: 380.100)	Reality: increase until 2019 - though less steep -, in 2020 slight decrease (Figure 2)	NJI, 2021

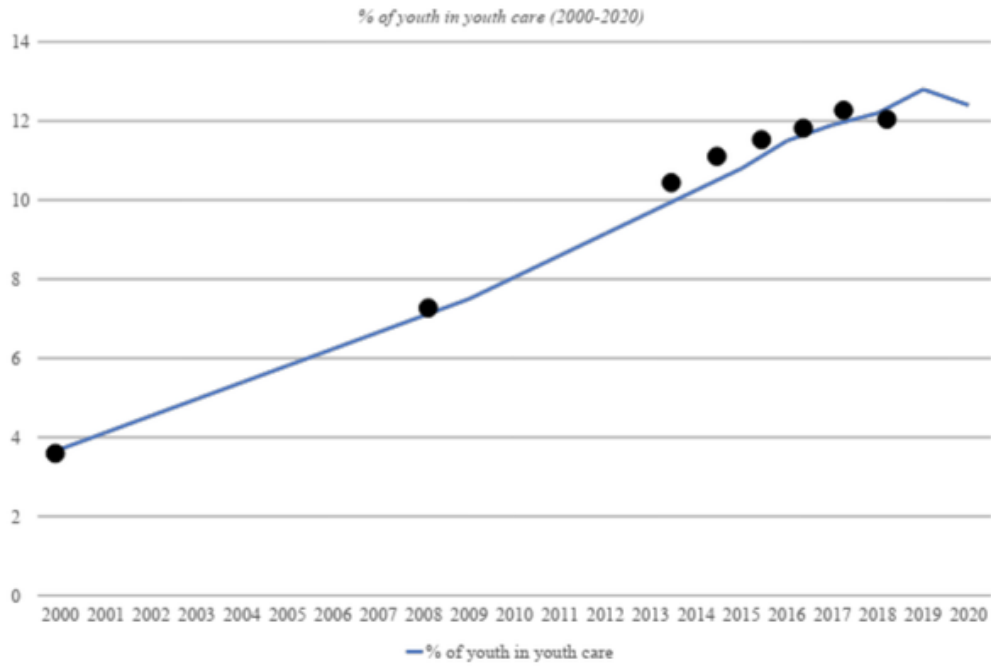
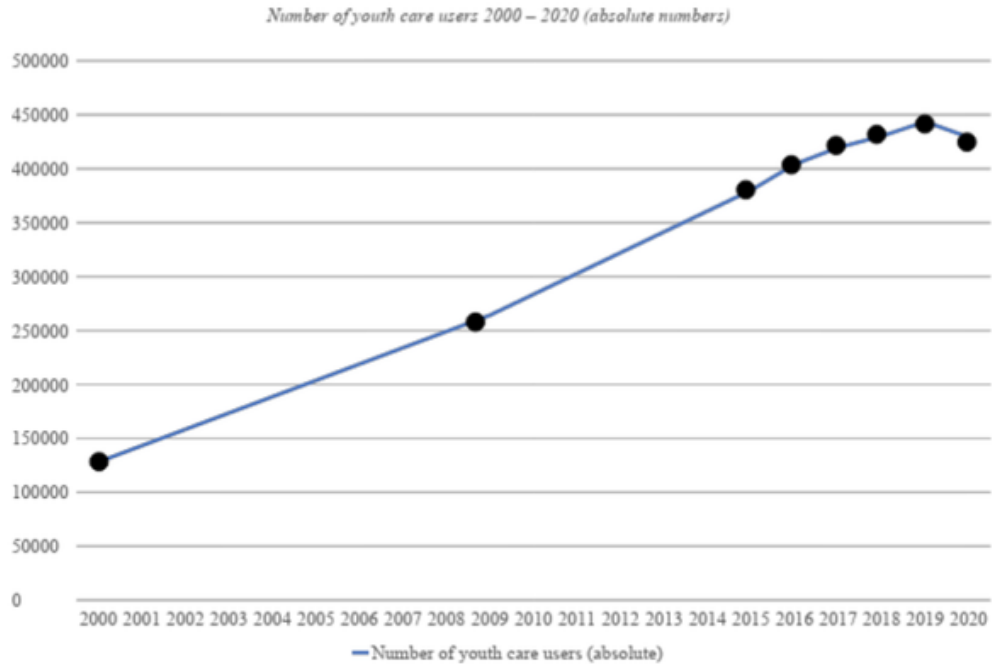
These extra budgets were not covered in the extant literature. However, they were provided in response to the growing number of constituencies (Figure 2) - this number was mainly rising because of the increased efforts of municipalities to identify youth that needed youth care services (GON, 2019b). As such, the intended increase in preventive services led to, at least in the short term, a need for higher budgets. This can be seen as a form of policy feedback as described in Pierson (1996). Although the number of youth in youth care has been increasing less than in the years before the decentralization, there still was an increase, despite the intended reduction of this number. The only exception is 2020. Whether the effects of the decentralization will be realized after all is, therefore, a question that can be answered in the upcoming years.

Figure 1
The decentralization of youth care (2015) visualized: central government expenditures on youth care between 2000 - 2020



Source: annual reports of the Ministry of Health, Wellbeing and Sports of 2000 - 2020. Available at: <https://www.rijksfinancien.nl/2022>.

Figure 2
Absolute and relative numbers of youth care users in The Netherlands (2000-2020)



Source: NJI (2019); NJI (2021)

New politics: empirical evidence

Blame avoidance techniques of obfuscation and justification were confirmed (Table 2). Remarkably, an additional form of justification appeared from the data, namely the argument that the decentralization of social services fits with the modern way of life: “in today’s world, people want to be able to make their own choices, manage their own lives and take care of one another. It is in keeping with this development that care and social services be organized close to people” (Royal House of the Netherlands, 2013, para. 16).

Furthermore, an additional technique was identified: compensation, through which politicians try to compensate victims of retrenchments (Pierson, 1994; Green-Pederson & Haverland, 2002). This is also visible in the Youth Care Act. The national government transferred authority over youth care to the municipalities without providing more financial means. This eventually was compensated through the abolishment of parental contributions to youth care, enabling policymakers to avoid the blame (GON, 2016).

Table 2
New Politics in the Youth Care Reform

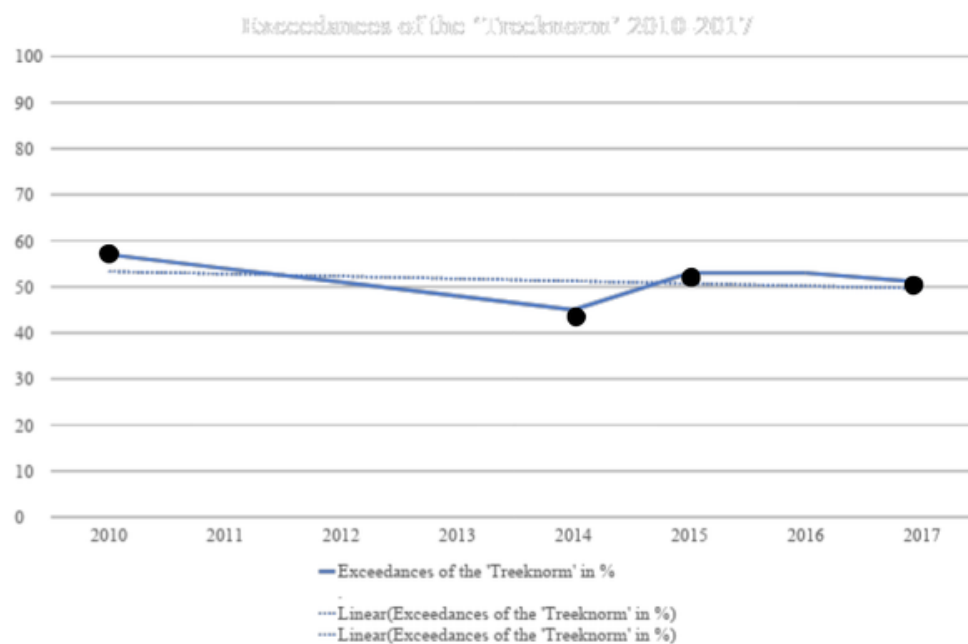
New politics dimension	Reform characteristic	Main sources
New politics - obfuscation	Decentralization paired with retrenchment	VVD & PvdA, 2012 Youth Care Act, 2015 Ministry of Health, Wellbeing and Sports annual reports (2000-2020) GON, 2017b
New politics - justification	‘Ontschotten’ (new way of care services, client-focused, should reduce costs) Decentralization should lead to a better use of the municipalities’ social networks Fits with modern life preferences	VVD & PvdA, 2012 Royal House of The Netherlands, 2013
New politics - compensation	Abolishment of parental contribution / decision not to introduce copay	GON, 2017a VVD & PvdA, 2012

Policy outcomes: a reduction in waiting times?

One goal of the Youth Act was reducing waiting times as a consequence of a better integrated system (NJI, 2018). As such, one way in which outcomes of the Youth Act reform can be measured is by considering the waiting times that young people experience when looking for, for instance, mental healthcare. For waiting times in mental healthcare, the Netherlands applies the 'Treeknorm', the maximum acceptable waiting time (Nederlands Zorginstituut, 2019).

Figure 3 displays the percentage of exceedances of this Treeknorm in youth mental health care between 2010 and 2017. This demonstrates that the percentage of exceedances has not decreased in the first two years (2016-2017) after the Youth Care Act was implemented. Still, approximately half of the youth seeking mental healthcare have to wait longer than is desired. In other words, the decentralization of youth care did not lead to a substantive reduction of waiting times, so many young people are still waiting long before they can get the healthcare they need. Although exact data on the period after 2017 is not available, the long waiting times remained a concern (e.g. NJI, 2018; Visser, 2021; ANP, 2021). That raises the question whether the decentralization caused by the Youth Care Act has reached its purpose.

Figure 3
Measuring outcomes: exceedances of the 'Treeknorm' in % between 2010 and 2017



Source: RIVM (2016); MediQuest (2017).

CONCLUSION

Based on the pathway of the decentralization of youth care in The Netherlands, it can be concluded that a real paradigm change is challenged by policy feedback and outcomes, which trigger resistance to change. The literature review and empirical data have shown that policymakers used blame avoidance tactics in an attempt to minimize this resistance. However, processes of unintended policy feedback and the failure to reach intended outcomes have forced the policymakers to rethink their decisions and allocate additional (compensatory) budgets. Policy feedback occurred mainly because of the short-term rise in youth care recipients, as a consequence of municipalities fulfilling their duty of early-stage detection. This, combined with the finding that municipalities need to be better equipped for executing their responsibilities, increased the costs, leading to a demand for extra budgets rather than allowing for retrenchment. Looking at intended policy outcomes, no reductions in waiting times - as an indicator of high-quality integrated youth care - were found. It is not surprising that this increases, rather than decreases, the visibility of the policy reform and retrenchment, for instance leading to demonstrations (e.g. NOS, 2019).

Implications

The interplay between new politics and policy outcomes forms a contribution to the welfare state literature: this research note does not only show how decentralization of youth care in The Netherlands was used as a blame avoidance technique, it additionally shows how these reforms may even lead to increased resistance when outcomes are not reached. Additionally,

it was shown that in this case, decentralization causes a need for higher budgets. As such, this research note shows how New Politics techniques can have results that oppose the intended outcome of minimized resistance against retrenchment.

More practically, the findings imply that radical structural policy reforms should not be paired with immediate retrenchment to ensure a smooth transition and limit adverse effects of outcomes and feedback, especially when responsibilities are transferred to another government level.

Limitations

Although the present research yields interesting results and implications, it also has several limitations. First, one major issue in the quest for information about youth care in the Netherlands is the lack of coherent, national data. Since the Youth Care Act of 2015, national data is not or only scarcely available. Therefore, there is a call for more coherent gathering of data, both on youth care policy itself and its outcomes.

Furthermore, this research did not conduct any regression analyses, so no conclusions can be drawn about causality. Besides, other factors than the decentralization may have caused the number of youth care recipients to grow, which were not considered in this report.

Moreover, one criterion not considered in this report is eligibility of youth care services, although this is a large aspect of how healthcare is organized. Since the decentralization, data about the eligibility criteria are limited and complex, since every municipality utilizes different regulations.

Investigating changes in eligibility criteria was therefore not within the scope of this research.

Concluding remarks

During the time period of this study, a new coalition agreement was published (VVD, D66, CDA & ChristenUnie, 2021). Despite confirming the compensation of 1.3 billion euros to the municipalities, some further retrenchment measures will be taken. Most notable is the introduction of copay, which has already encountered criticism from other politicians (Kleijne, 2021). Additionally, some form of re-centralization seems to be introduced, in the form of central purchasing of specialized youth care. Finally, cost reductions of youth care are intended, such as standardization of treatment times. Whether this will improve the outcomes is to be seen.

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