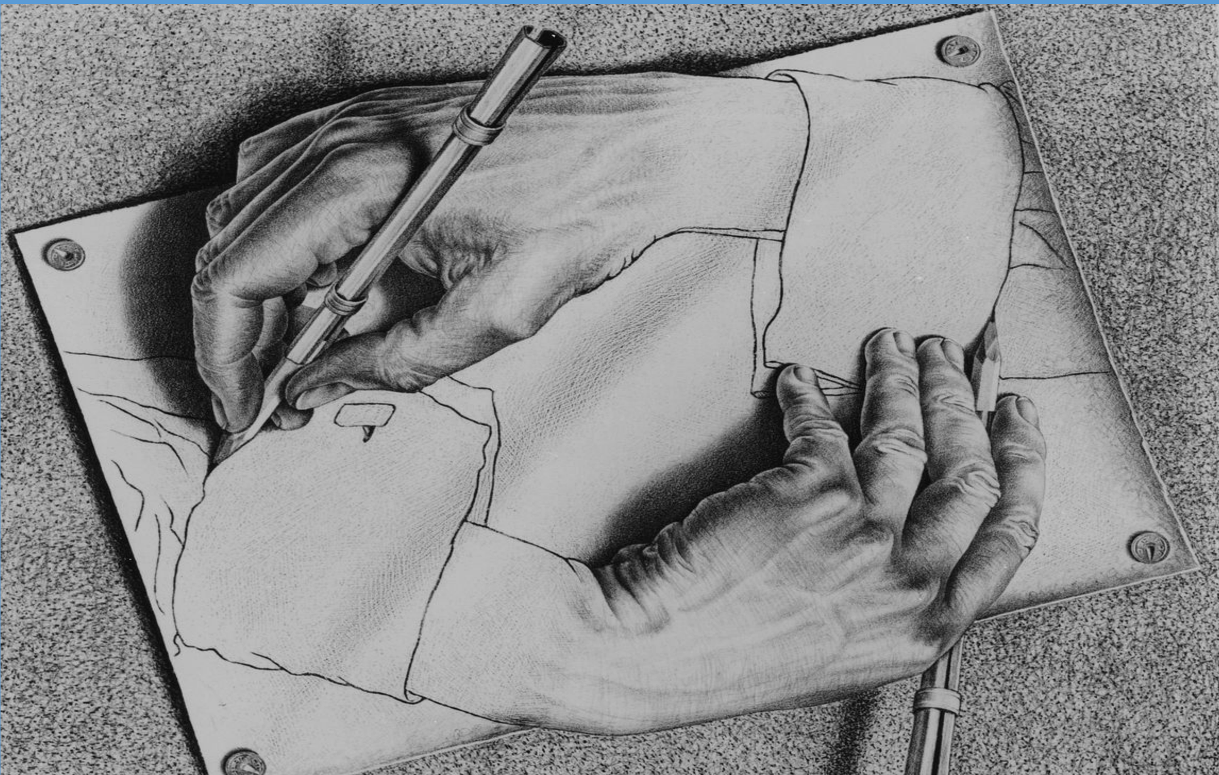
LEARNING FROM CASEWORK

An analysis of institutional innovations and development opportunities in the Utrecht youth care system



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Summary

The transformation of youth care services appears to be a complex task for municipalities. The Netherlands is far from providing effective, timely and coherent support for young people and their families, as is evident from the mid-term review of the Youth Act (*Jeugdwet*). New organizational arrangements and systems or methods that are in line with evolving practices in the realm of social services must also be developed at local and regional levels. Care-related and institutional transformation of youth care services go hand in hand.

Unlike many other cities, it seems that the Municipality of Utrecht is able to achieve a budget-controlled transformation of youth care services. Our question is how Utrecht is doing this and which institutional choices have contributed to this relative success. We were particularly interested in the question of how learning from casework takes place at the team level (the neighborhood [*buurt*] or district [*wijk*] teams) and at the level of the organizations involved (Municipality, care providers) and how this learning is embedded in the way the local system is organized. Our assumption was and is that in times of critical transformations, such as the one in youth care services, cases about developing support practices have a lot to teach us about both the support practice itself (and the individual case) and the system (institutional and organizational conditions). Diagnostic monitoring of cases and evolving practices is a prerequisite for a learning youth care system.

The most important institutional choice Utrecht has made is to devolve basic youth care services to Youth and Family teams within a new organization set up for this purpose: Lokalis. An important framework choice is the lump-sum funding for specialized youth care services. This lump-sum funding shifted the focus from existing product offerings to the question of what individual youth care clients need in terms of support and what skills and competencies are required from the professionals involved. These skills and competencies are nurtured intensively at Lokalis, as well as within the Social Development (*Maatschappelijke Ontwikkeling*) and Work and Incomes (*Werk en Inkomen*) departments of the Municipality of Utrecht.

Subsequently, we investigated the arrangements through which professionals in the youth care system and the Municipality collaborate with each other to achieve customization (*maatwerk*) and breakthroughs. To this end, we made a distinction between innovations within the domain of youth care services (aimed at better coordination between general basic support and specialized youth care and assistance) and innovations between youth care and adjoining domains of social support.

The essence of the arrangements we investigated is that general and specialized knowledge and skills are organized in proximity to each other. So far as the intended care-related transformation is concerned, there are strong indications that the emphasis has indeed shifted toward prevention, early warning and de-medicalization. The Extr@teams started in four districts, together with the neighborhood teams, play an important role in normalization and de-medicalization and strengthen the work of family social workers (*gezinswerkers*) in the

neighborhood teams. An important aspect of this is that there seems to be good insight into the specific district-related problems. The number of arrangements has been simplified by making the Customization Route more explicit. This not only makes it easier to achieve customized solutions, but it also contributes to de-escalating youth and family problems.

This has created an *infrastructure* through which professionals and representatives of the Municipality who are involved in cases and problems can deliver customized solutions in a coordinated manner. The official Chairs and/or leaders of these various councils and arrangements fulfill an important *liaison function* with other sectors of the Municipality and adjacent areas of support. Equally important is that, as far as we have been able to establish, the participants take part in the various consultations with a *mandate*. The arrangements made will probably have a permanent role in the Utrecht youth care system. Through these arrangements and within and between the individual organizations or municipal departments, much is indeed learned from casework in the Utrecht system. The lessons are shared intensively with each other and lead to systemic adjustments of the Utrecht youth care system.

The Utrecht youth care system is largely the result of an accumulation of institutional decisions and design choices that build logically and consistently upon each other. Successive institutional innovations have mainly been based on experiences with – and reflections on – developing local support practices. Learning from casework is an important part of this. The lessons learned from the continuous discussion of casework relate both to the individual level of the case in question and to the systemic conditions and preconditions within the field of youth care and adjacent domains of social services. Design and evolution of this new system go hand in hand through continuous reflection and recursive learning cycles about evolving practices.

A system is never finished. In this report, we also reflected on the development possibilities in the Utrecht system. In our view, the diagnostic monitoring of what is being done in the neighborhood teams and support chains in the cases that come along can be conducted more systematically to create more insight into the process of service provision and collaboration related to long-lasting results. A more systematic diagnostic monitoring of casework not only facilitates continuous learning about, and improvement of, individual cases and systemic conditions, but also facilitates accountability to third parties. In this way, the joint learning from cases and the professional and administrative accountability for it reinforce each other and improve youth care in Utrecht.

1. Introduction

It has now been five years since municipalities were given responsibility for all youth care. Together with the new Social Support Act (*Wet Maatschappelijke Ondersteuning*, WMO), the Participation Act (*Participatiewet)* and the Special Education Act (*Wet Passend Onderwijs*), the 2015 Youth Act (*Jeugdwet*) can be considered one of the most far-reaching reforms of the Dutch welfare state in recent decades. With the entry into force of these framework laws, the transition (the transfer of responsibilities and powers to municipalities) was formally completed and the transformation phase began.

A guiding principle in the transformation of youth care is the pursuit of an integrated, multidisciplinary and coordinated approach based on the principle of *one family, one plan, one coordinator* (*één gezin, één plan, één regisseur*). A second important principle is customization (*maatwerk*). Every child and their family is, in theory, unique and has a unique constellation of help or support needs that can only be met through customization. Customization requires careful triage and diagnosis that ultimately lead to a support plan – the Family Plan (*gezinsplan*) – and the development goals discussed with the child and family then lead the support process. Customization always assumes a different constellation of support and collaborating care providers. A third important principle is the pursuit of normalization and de-medicalization. This requires a focus on prevention and early detection, which requires collaboration between generalists in the district teams with other areas of social support (e.g., special education, youth health care, debt assistance). It also requires the ability to call in specialist expertise at an early stage when necessary and the ability to carefully scale down or normalize when the situation allows.

The transformation of youth care is not only a care-related task. New organizational arrangements and systems or methods that are in line with evolving support practices must also be developed at local and regional levels. Substantive and institutional transformation of youth care at the local level go hand in hand. How do municipalities organize the new youth care system? How do they manage the district [*wijk*] or neighborhood [*buurt*] teams and what does this mean for access to support in basic assistance and specialized youth care and protection? How do they organize neighborhood-oriented work and how are the various links in the chain of basic assistance, youth care and child protection linked together? How do local stakeholders gather and share information and knowledge about new practices related to child aid and welfare and learn about good and less good support practices and systemic conditions? Which institutions facilitate this kind of 'learning' and problem-solving capacity?

The transformation appears to be a complex task for municipalities. Providing effective, timely and coherent support for young people and their families at local and regional levels is far from being achieved. This is evident, for example, in the interim evaluation of the Youth Act (ZonMw, 2018; Transitie Autoriteit Jeugd, 2018; CBS, 2017; De Boer and Bruning, 2018) or from reports by local audit offices (Rekenkamer Rotterdam, 2018). The approach to organizing

youth care that is based on an integrated care or support plan developed with the child and the family, close to home and aimed at de-medicalization and normalization has not yet gotten off the ground. The connection between special education and youth care is not yet in place, nor is the collaboration between generalist basic youth care (often in district teams) and specialist youth care, general practitioners, child health care and other related partners in the broad domain of social services and support. Meanwhile, municipal expenditures on youth care are increasing and waiting lists for specialist youth care and child protective services are still getting longer (CBS, 2017). Newspapers report about a failing transformation are published almost every day.

1.1 The Utrecht youth care system

In this report, we will describe an exploratory study into institutional innovations and bottlenecks in the Utrecht youth care system. The Utrecht 'model' is interesting to investigate because the transformation of youth care seems to be going relatively well there. Utrecht's budget deficit in 2017 was only 2.8% and in 2018 it was just under 2.7% on a budget of €80 million (Utrecht, Jaarverslag 2018). This is far below the average budget deficit of 8.5% from the cities with a population of 100,000+ included in the benchmark study conducted by Significant (VWS, 2019). Whereas Utrecht had a deficit of just over €2.2 million in its 2018 youth aid budget, Amsterdam had a €40 million deficit and The Hague had a €22 million deficit in its Youth and Social Support Act budgets.

The Amsterdam deficit was mainly caused by the large number of referrals to specialist youth care from the Parent and Child Teams (*Ouder en Kind Teams*) and Working Together Teams (*Samen Doen Teams*). Between 2017 and 2018, the number of referrals in Amsterdam rose by 5% while costs rose by 26%. The increase in the number of referrals was partly caused by a large caseload in the Parent and Child Teams (Amsterdam, 2018).

In Utrecht, the number of referrals to specialized youth care declined and, interestingly enough, the decline was strongest in districts where Extr@teams (discussed more later) had been set up (Lokalis, Jaarverslag 2018; Utrecht, Gecombineerde voortgangsrapportage en uitvoeringsagenda Jeugd, April 2019-April 2020). The general conclusion of the Netherlands Bureau for Economic Policy Analysis (*Centraal Plan Bureau*, CPB) that district teams make care more expensive therefore does not apply to Utrecht (CPB, 2018). However, there has been a small increase in waiting times for specialist youth care in Utrecht and an average waiting time of two weeks per provider, although this can also be as long as 12 weeks.

In December 2018, there were 154 children waiting more than 10 weeks for specialist youth care in Amsterdam. There were also much longer waiting times in Rotterdam and The Hague, in terms of access both to district teams and to specialist youth care. The Health Care and

Youth Inspectorate (*Inspectie Gezondheidszorg en Jeugd*, IGJ) therefore speaks of a "blockage in the system" (IGJ, 2019; Rekenkamer Rotterdam, 2018; Municipality of Amsterdam, 2018).

Of course, comparisons and interpretations of indicators must be made with the necessary disclaimers. Contextual factors matter, so general and major trends can only be understood when there is in-depth knowledge of those specific contextual and situational factors. However, unlike many other cities, it seems that the Municipality of Utrecht is capable of achieving a budget-controlled transformation of youth aid. Our question is how Utrecht is doing this and which institutional choices have contributed to this relative success.

Our interest in the 'Utrecht model' was aroused during a round table conference that we organized together with the Specialized Youth Aid Support Team (*Ondersteuningsteam Specialistische Jeugdhulp*) in June 2018. During that round table conference, five cities, including Utrecht, shared with each other and with us their experiences with 'learning' from evolving practices and casework. The presentation by the Municipality of Utrecht and employees of Lokalis during that round table conference made us curious about the institutional choices that Utrecht has made. An initial study of municipal documents further fueled this curiosity. For example, it was immediately noticeable that, at an early stage, Utrecht chose to give the responsibility for basic youth care to one organization set up for this purpose (Lokalis). The Verwey-Jonker Institute's report about the 'Inclusive City' City Deal (*City Deal Inclusieve Stad*), in which the Municipality of Utrecht participates, also contains interesting indications that Utrecht seems to be succeeding in achieving customized solutions (Meere et al., 2018). The report by the Verwey-Jonker Institute described Utrecht's development strategy as being constantly involved in practice with a 'different' way of working: not a major reorganization, but gradually seeing more and more districts and people involved in that different way of working (Ibid., p. 78). If there is an 'Utrecht model,' it has developed more or less gradually from a continuous reflection on previously made institutional and organizational choices and evolving practices of support and service provision in the realm of municipal social services.

We were particularly interested in how learning from cases takes place at the team level (the neighborhood or district teams) and at the level of the organizations involved (Municipality, care providers) and how this learning is embedded in the way the local system is organized. Our assumption was and is that in times of critical transformations, such as in youth care, casework has a lot to teach us about both the evolving support practices and individual cases, as well as about evolving systemic – institutional, administrative and organizational – conditions. Learning from casework and evolving practices requires diagnostic monitoring and continuous reflection on support practices and decisions made in them for the purpose of improving these when necessary or changing and reforming rules and institutions that prove to be ineffective. The critical question is then how do these different horizontal and vertical learning cycles connect to each other?

1.2 Research structure

The research we report on here was carried out from January to September 2019. We performed this research with the consent of the Municipality of Utrecht and Lokalis. We obtained our data through interviews with civil servants from the Social Development (*Maatschappelijke Ontwikkeling*) and Work and Incomes (*Werk en Inkomen*) departments of the Municipality of Utrecht, with employees of Lokalis and with an employee of SAVE (*Samen Veilig Midden Nederland*). We also studied a large number of documents (e.g., annual reports, progress reports). In addition, we made a number of observations from meetings of the Appropriate Alternatives Committee (*Commissie Passend Alternatief*), the Customization Round Table (*Maatwerktafel)* and a City Deal Meeting (*City Deal Overleg*) and reflected on them with the involved parties afterwards. We also attended a 'Learning from the City Deal' meeting and a working visit of the Lokalis Supervisory Board (*Raad van Toezicht*) to the Extr@team Leidsche Rijn. The cases discussed during those meetings have been anonymized and treated confidentially by us. This report will not discuss those cases in detail.

This is an exploratory study and there is probably more to be found. For example, we did not make any observations in the neighborhood teams themselves, nor did we perform a systematic analysis of the functioning of the various neighborhood teams. We also did not conduct any interviews with specialist youth care providers, nor did we speak to clients. We have not spoken to representatives from schools, the special education collaborations or housing corporations. The child protection chain was also largely outside the scope of this investigation. However, we did talk to an employee of SAVE during this research.

Nevertheless, we believe that for an initial exploration we have obtained a good picture of the active ingredients in the Utrecht model. In Section 2, we will discuss the most important institutional choices made in Utrecht. In Section 3, we will discuss the development opportunities in the Utrecht model. We will end this report with conclusions.

2. Institutional choices and innovations

In this section, we will discuss the most important institutional choices that were made in Utrecht to achieve the transformation goals. We will show that the development of the Utrecht youth care system is largely the result of an accumulation of institutional decisions and design choices that build logically and consistently upon each other. There was no blueprint at its foundation, and it is also misleading to talk about the 'Utrecht model.' Instead, successive institutional innovations are mainly based on experiences with – and reflections on – developing local support practices. Learning from casework is an important part of this. The lessons learned from the continuous discussion of casework concern both the individual level of the case in question and the systemic conditions and preconditions. Design and evolution go hand in hand through continuous reflection on evolving practices.

2.1 The foundation

The most important institutional innovation was the choice to place general basic care in Youth and Family neighborhood teams (*Buurtteams Jeugd en Gezin*) within a new organization set up for this purpose: Lokalis. Utrecht works with separate teams for basic youth care. The Social Support Act (WMO) teams are the responsibility of another organization, Incluzio. The choice to set up a new organization for basic youth care made the Municipality of Utrecht less dependent on the historic providers and made it possible to focus on redesigning the youth domain. The choice to develop separate youth and family teams – instead of integrated teams as in Rotterdam, for example – also contributed to this. A second important framework choice was the lump-sum funding for specialist youth care. Lump-sum funding shifted the focus from traditional thinking in products and existing offerings to the question of what individual clients actually need in terms of care and support. Lump-sum funding also provided financial and contractual security, so that attention could be shifted to the substantive and institutional transformation goals and the relationships between the two.

The neighborhood teams from Lokalis were given a broad mandate ranging from providing low-threshold support to intensive supervision of multi-problem families. By agreement with the Special Education Partnerships (*Samenwerkingsverbanden Passend onderwijs*), the resources for school social work were transferred to Lokalis. This made the neighborhood teams a core partner of education and vice versa (education became a core partner of the youth care teams). In addition to the 14 district-based neighborhood teams, there is now a secondary education team and a vocational education team. The employees of those teams are also referred to as family social workers (*gezinswerkers*) (Gemeente Utrecht, 2015). A significant portion of the tasks previously carried out by the indication-based outpatient youth care system (*geïndiceerde ambulante jeugdzorg*) has also been transferred to the Youth and Family teams. In addition, the neighborhood team can offer guidance within a compulsory framework (e.g., in situations involving an under supervision order [*ondertoezichtstelling*], an

eviction-prevention procedure or a temporary restraining order). The family social worker is expected to be in charge of the case, although case management can also be entrusted to one of the Utrecht SAVE teams, which performs youth protection and juvenile rehabilitation work on behalf of the Municipality. The neighborhood team then plays a guiding role, so a relationship of trust can be built and maintained between the family social worker and the child and family. The neighborhood team assists the client in complying with the compulsory framework and returning to the voluntary framework.

Neighborhood teams work on population-based funding: a fixed amount per year that can be linked to the characteristics and needs of the various neighborhoods and, on that basis, to the deployment of the teams. For the management and monitoring of the neighborhood teams, the Municipality of Utrecht and Lokalis deliberately chose to focus on: 1) making explicit and nurturing the professionals' competencies and skills; and 2) ensuring the quality of the learning process, rather than focusing on the accountability reporting of the professionals. In its own words, the Municipality of Utrecht tries to keep the administrative obligations for the neighborhood teams as limited and simple as possible and only requests a restricted amount of data from them (e.g., client evaluations).

Delivering customized work places great demands on the professionalism of the neighborhood team member. Lokalis makes this professionalism explicit and nurtures it. The majority of the neighborhood team members have at least a higher professional education (HBO) degree and come from the sectors in which the neighborhood team has an assignment: the care of people with a physical or mental disability, mental health care, addiction care, youth and parenting assistance, social work in schools or otherwise, debt assistance, truancy, and so on. Neighborhood team members are given the space to work with the client to determine how much support is needed and for what period of time. One of the many ways in which this is done is through peer review of referrals to specialist youth care within the teams. Training courses are also used to teach employees about topics such as debt counseling (with the cooperation of employees from the Work and Incomes Department) or outpatient crisis assistance (with the help of SAVE employees). Each new Lokalis employee receives a 'base camp training' in which the working method and guiding principles of family work are explained. In addition, 'boost sessions' are organized to draw attention to a specific theme. Every family social worker at Lokalis has a 'buddy' who can serve as a sparring partner or possible replacement (Jeanine ten Haaf, personal communication 10/09/2019). Knowledge about all this is brought together on the 'Lokalis Plein', an intranet knowledge base. Lokalis also has a 'Family Social Worker' work group which reflects on an appropriate job description and suitable related competencies and skills.

Learning and professionalization are of paramount importance. The adage 'learning is working, working is learning' assumes a continuous learning attitude at Lokalis. Part of that is avoiding as much as possible central training courses that must be attended by everyone.

Learning from casework and thus learning as part of the normal work process is strongly promoted.

Nurturing the new profession of the family social worker with appropriate skills and competencies is a crucial part of the care-related transformation. However, the new professional must also collaborate in a different way with other professionals in the chain. After all, customization requires continuous coordination of professional work and finding appropriate solutions for the specific problem constellation of the child and family under the motto of 'doing what is necessary' (*doen wat nodig is*). Unconventional solutions are sometimes needed to force a breakthrough in stagnating or escalating cases.

Below we will discuss the most important institutional arrangements in which agreement and coordination with chain partners within youth care and other adjacent domains are realized. We will first discuss the relationships between general basic care from neighborhood teams and specialist youth care. Next, we will address those arrangements in which coordination is achieved between youth care and other social services. We will show that these organizational and institutional arrangements not only have a function in realizing customization for individual cases (*doing what is necessary*) but also in identifying and addressing systemic problems. How do new forms of collaboration between family social workers and professionals working in specialist youth care emerge from this, and how do the parties in this collaboration discover what customization entails and requires?

2.2 Relationships between generalist and specialist youth care

The arrangements we discuss below play an important role in achieving customization and breakthroughs in stagnating and escalating cases. We begin our inventory and analysis with arrangements that ensure coordination and cooperation between general basic assistance and specialist youth care. In the next section, we will look at the arrangements and infrastructures that have a role in improving cooperation and coordination between youth care and other areas of social support.

The ***Appropriate Alternatives Committee (Commissie Passend Alternatief, CPA)*** aimed to achieve solutions for specialist youth care requests that did not fit within the contracted-in supply or in which the specialized provider had already reached its budget ceiling. In short, they considered all those requests for which no suitable answer could be formulated within existing contracts (Wieke Westgeest, personal communication 22/3/2019). The Committee handled a large number of cases, the vast majority of which resulted in a positive decision about the requested alternative. In 2017, 400 of the 560 requested alternatives were accepted. In 2018, 193 of the 241 applications were granted, 96 of which involved non-contracted providers (Gemeente Utrecht, Vijfde voortgangsrapportage en uitvoeringsagenda Jeugd april 2018-april 2019, p. 16; Gecombineerde voortgangsrapportage en uitvoeringsagenda Jeugd, April 2019-April 2020, p. 26).

The Committee met once every two weeks. At busy times, especially at the end of the year, the frequency increased to once a week. The Committee was chaired by a representative from the Municipality and also included a family social worker from Lokalis, a behavioral specialist from SAVE and a pediatrician. All referrers were able to submit cases, but most came from the family social workers of Lokalis or the employees of SAVE. In most cases the referrers were not present at the meeting, but they were available on call by telephone if the Committee needed more information.

The Committee adopted a multidisciplinary approach to individual cases. Our observations show that the CPA members were able to act with a mandate. It was also noteworthy that they looked critically at the employees of their own organizations. For example, in a meeting we observed, there was a long discussion about whether the requested care did not simply fall under 'ordinary' care and a consensual solution was ultimately reached.

Because the information submitted was generally brief, calls to the applicant for additional information were made regularly during the meeting. Strikingly often, questions were asked about the support goals and whether there was a support plan in which these were made concrete. Committee members indicated that they would have liked more information, but the frequency and caseload of the CPA did not allow it. On a number of occasions, a comparison was made with the Personal Budget (*persoonsgebonden budget, PGB*) Committee, noting that the latter would probably not be satisfied with the substantiation provided for a specific request. When a specific treatment had already been more or less promised by the referrer, the Committee often decided to be lenient in the interest of the family, but this was communicated to the former.

An important goal of the Committee was to find suitable customized solutions for the submitted cases. An important second goal was to generate lessons for the system from the decisions made in the CPA and to translate these back into frontline practice. For example, an analysis of the submitted cases showed that the Municipality had spent too little on specific care for young people with the combination of autism and addiction. In 2017, based on the Committee's caseload, it was decided to increase the budget for youth mental health care in order to reduce waiting times (Gemeente Utrecht, Vijfde voortgangsrapportage en uitvoeringsagenda Jeugd april 2018-april 2019, p. 16).

The high frequency of meetings and the multidisciplinary composition of the Committee made it possible to quickly identify structural problems. The Chair of the CPA acted as the liaison to other municipal departments or adjacent leadership. For example, when a remarkably frequent request was made for a suitable alternative to treatments that a contracted provider should in principle be able to provide, the Chair liaised with the account holder in question. When there were questions about whether a requested alternative would fall under the duty to provide youth care or, for example, under special education, this could be taken up with the colleague who was responsible for the latter.

The CPA was initially intended to test the lawfulness of an alternative solution. It soon became clear that the question of lawfulness usually also has a substantive assessment component (Lisa Huibers-van Tetering, personal communication 07/03/2019). An important conclusion was that there was too little space in the CPA for 'rethinking' the content of a case because it had often been a long process leading to the use of various forms of care. That is also the reason why the Committee was dissolved as of May 2019.

The lawfulness test for a suitable alternative has now become part of the **Customization Route** (*Maatwerk Route*). In each neighborhood team, specialist youth care contact persons have been appointed to assess requests for an alternative customized solution from team members on substantive grounds and on the basis of lawfulness. There are also similar points of contact for the pediatricians and SAVE teams, who can also make referrals to specialist care. An important consideration for decentralizing the responsibility for customized solutions to the neighborhood teams and SAVE teams is that the team members become more skilled in thinking about customized solutions. After confirming that all agreements and rules have been followed, the Municipality converts a positive assessment by the contact person into a lawful decision.

During a biweekly consultation with referrers and later also with varying health care providers, process evaluations were conducted in which the cases for which additional funding had been granted at the referrers' request were discussed. In addition, the entire decision-making process was analyzed and noteworthy issues were discussed with partners. In 2018, the Municipality of Utrecht organized a Customization 'Summer School' in which approximately 100 professionals participated (Gemeente Utrecht, Gecombineerde voortgangsrapportage en uitvoeringsagenda Jeugd, April 2019-April 2020, p. 26).

Customization Round Tables (*Maatwerktafels*) are organized at various locations about once every week and a half. The frequency of the round tables depends on the demand for them. The requesting case coordinator from Lokalis or SAVE participates in the Customization Round Table and is responsible for organizing it. Based on the plan developed, partners could be selectively asked to attend. Depending on the specific request, partners who were already involved or possibly could be involved were invited. Those could be professionals in specialist youth care as well as youth work professionals or other partners from the social network. In most cases, the child and parent(s) are present at the discussion (or part of it). The partners are strongly committed to participating in the Customization Round Table. The presence of clients was always assessed as positive, but there is also a need to be able to do part of the consultation without the client.

The Customization Round Tables are chaired by a representative of the Municipality. As with the CPA, the Chair acts as the liaison to other municipal departments or adjacent leadership in the realm of social services. For example, in one of the Customization Round Tables we observed, it turned out that a case should actually be forwarded to the City Deal discussion because, in addition to a care-related question, there were bottlenecks related to assisted

housing. In the same discussion it was also concluded that it would be useful to be able to distinguish the care-related questions surrounding this case from questions about other problems so the latter could be passed on to the City Deal Meeting intended for that purpose.

During the two Customization Round Tables we observed, the evaluation afterwards raised the question of whether they had been provided sufficient information to come to a determination. In one of the Customization Round Tables we observed, further consultation with the provider of specialist youth care was necessary. In the other one, the case seemed to lend itself perfectly to a City Deal Meeting (see below) but for unknown reasons it had stalled there before. Afterwards, participants discussed whether sufficient information was available or how this information could be provided most effectively and efficiently. Participants in these consultations had different ideas about how information should be provided. Some thought that the Family Plan could be useful, while others doubted it.

In principle, the case coordinator from the neighborhood team or SAVE is responsible for organizing the Customization Round Table. The case coordinator can consult possible partners before planning the Customization Round Table and, after the coordinator decides to bring the case to a Customization Round Table, those partners may be asked to attend. In practice, it appears to sometimes be unclear whether there is actually a plan. The lack of a plan sometimes means that the conversation during the Customization Round Table mainly revolves around clarifying the request for help. As a result, a plan of action cannot always be decided on immediately. SAVE noted that organizing the Customization Round Tables in this way takes a lot of time and preparation, which is not always effective and efficient (Floor Roks, personal communication 13/9/2019).

The Customization Round Table is intended to lead to a breakthrough in individual cases. However, the liaison function of the municipal representative also provides a lot of insight and knowledge about more systemic aspects of Utrecht youth care. An analysis of the Customization Round Tables by the Municipality shows that in the period from January 2019 to May 2019, most of the cases related to preventing custodial placement or finding a suitable place to live with supervision. Promoting cooperation between the generalist and specialist parties involved in a specific case was often discussed as well.

The most radical and recent innovation in the Utrecht youth care system is the creation of teams for neighborhood-oriented specialized youth care. A pilot of Extr@teams in two districts (Leidsche Rijn and Zuilen) began in 2017, followed by the creation of Extr@teams in Vleuten and De Meern in 2018. The Extr@teams were at the forefront of the recent tender for specialized youth care in Utrecht. Two consortia of providers (KOOS and Spoor030) have been awarded the tender, and ‘trailblazers’ (*kwartiermakers*) were appointed in late 2019 to prepare for the establishment of neighborhood-oriented specialist youth care teams in the other districts from January 1, 2020.

Each team’s composition partly depends on the need for specialized expertise in the specific district in which they work. Common specialties include child and youth psychology, special education, psychotherapy, child and youth psychiatry and systemic therapy. The specialist teams offer additional support for needs such as family therapy, help with complex divorces, and diagnostics and treatment of both children and families with serious behavioral problems, trauma and developmental disorders. Their specialist expertise can also be requested by family social workers in the neighborhood teams or, for example, family doctors. The multidisciplinary composition of the teams facilitates a broader approach to individual cases and the realization of customized solutions.

Applications for the neighborhood-oriented specialist youth care teams go through the referrers (the neighborhood team, family doctor or schools). Joint case discussions are then held to decide which part of the care would best be provided by the neighborhood team and for which needs the specialized team should be called in. The professionals participating in these teams experience a lot of freedom and appreciate the breadth of the approach and the collaboration with the neighborhood team. For professionals from traditional mental health care, this is really a different way of working. *“Here we learn to look at things differently and always ask what can be done in the neighborhood and who should be involved in it”* (Leidsche Rijn Extr@team member, dated 13/09/2019). A family social worker from the Leidsche Rijn neighborhood team remarked that she felt more supported by the proximity of specialized knowledge. They share the perspective that their work should be integrated and, as much as possible, should be done in the neighborhood. This leads the family social worker to feel supported in their work.

The proximity of the Extr@team seems to support the family social workers from the neighborhood team in investigating the question behind the question. For example, parents and schools in Leidsche Rijn created great demand to diagnose dyslexia and AD(H)D problems. Because the family social worker felt supported by specialized expertise, there was space to work together with the child, family or school to investigate – in the case of AD(H)D – the causes of the child’s restlessness. The result is that far less is diagnosed based on DSM (Diagnostic and Statistical Manual) criteria.

Another interesting example is that the Extr@team offers therapies that are normally offered in a specialized psychiatric clinic. An employee of the Zuilen Extr@team explains: *“In general, we're learning more and more about what you can do in the district. So is hospitalization necessary or can we do it in the district? Recently, a clinical psychologist from the Extr@team called the psychiatrist from the VU (Academic Center) about a specific disorder and treatment with the question: ‘do you think I can do this from within the district?’ ‘Yes,’ the specialist said, ‘you can, and I will support you in doing so.’ An E-learning module has also been launched by the VU. We then presented the parents with a choice: go the VU or stay in the district? In the end, they chose the district"* (Leidsche Rijn Extr@team member, 13/09/2019).

In collaboration with the family social workers from the neighborhood team, the specialist youth care teams thus seem to be making a direct contribution to 'normalizing' and de-medicalizing problems. In the districts where the Extr@teams started as a pilot (Zuilen and Leidsche Rijn), there appears to have been a significant decrease in the number of orders and referrals for specialist youth care. The aforementioned lump-sum financing of specialist youth care makes this deinstitutionalization of treatment possible (Working visit of the Lokalis Supervisory Board to Leidsche Rijn Extr@team, 13/09/2019). Those districts also needed fewer Customization Round Tables than others (Lokalis Jaarverslag 2018, pp. 7-8).

The essence of these arrangements is that general and specialized knowledge and skills are organized in proximity to each other. Another important aspect is that the composition of the neighborhood-oriented specialist youth care teams in particular depends on the specific problems in the district in question. The number of arrangements has been simplified by merging the Appropriate Alternatives Committee (CPA) and the Customization Round Tables and making the Customization Route more explicit. In this way, customization is becoming an increasing part of the normal work process. This not only makes it easier to achieve customized solutions, but it also contributes to de-escalating problems. A third important aspect is that the Municipality participates in these multidisciplinary consultations and fulfills a liaison function with other domains or municipal departments.

With the caveat that we have not been able to fully include the child protection chain in our investigation, we would nonetheless like to report on what we found. Youth care and child protection are, of course, closely related. At the same time, the child protection chain focuses primarily on the safety of the child. While youth care and assistance are included in the voluntary framework, child protection falls under the compulsory framework (*gedwongen kader*). Between the voluntary and compulsory frameworks is the intensive voluntary help framework (*drangkader*). The intensive voluntary help framework is a link between voluntary and compulsory, and this is reflected in the way in which the organization responsible for this framework (SAVE) organizes and performs its work. On one hand, there is the aim to normalize as much as possible, provide customization and set goals with the child and family that can increase the child's safety. On the other hand, there is explicit attention paid to safety and the need to work methodically so risks are not missed and decisions can be justified to the Child Protection Board (*Raad voor de Kinderbescherming*) or the Juvenile Court magistrate (*kinderrechter*).

It turns out to be complicated to put the joint customized approach of the youth care chain into practice in the integrated child protection chain. Connecting the youth care chain to the child protection chain is important because it allows earlier identification of risky patterns within families. Now, time is often lost unnecessarily because every new party involved (SAVE for intensive voluntary help and Veilig Thuis (Safe at Home), the organization responsible for compulsory child protection services) first has to do their own research (Rianne Ruiter, personal communication 5/7/2019). SAVE and Veilig Thuis have large caseloads, which also puts pressure on the time available for involvement in a case from a neighborhood team. In

theory, SAVE guidance would be intended to last for four to seven weeks, but family social workers from Lokalis often need longer guidance (Floor Roks, personal communication 13/9/2019). SAVE, on the other hand, cannot allow waiting lists and is therefore committed to shorter periods of guidance. In SAVE's view, Lokalis should play the leading role while SAVE is mainly responsible for setting conditions for case management. The cases SAVE gets from Veilig Thuis always take priority, but it is not always clear what the priority should be in a specific case.

It is complicated to ground customization within the child protection chain and vice versa, to combine the emphasis on customization in the youth care chain with methodical work in the child protection chain. The neighborhood teams from Lokalis work differently than SAVE. At SAVE, the case workers work under a behavioral specialist who thinks with the case worker about the approach to be taken. The lack of methodical work at Lokalis perceived by SAVE is demonstrated by the fact that the SAVE employee we interviewed expressed the idea that family social workers from Lokalis hardly write anything down (Floor Roks, personal communication 13/9/2019). We have not been able to determine the extent to which this impression is widely held at SAVE. However, we do have indications that the interoperability of the youth care chain and the child protection chain is a matter of concern and attention for all parties involved.

2.3 The relationship between youth care and other social domains

Above we looked at how the relationships and coordination between basic and specialist youth care have been shaped in Utrecht. However, many of the problems faced by children and families concern domains other than youth care, such as appropriate housing (with or without supervision), debt assistance and other problems relating to work and income, as well as the relationship with special education. A number of important arrangements have also been developed in Utrecht for these relationships.

The most important arrangement is undoubtedly the **City Deal Meeting (*City Deal Overleg*, CDO)**. Utrecht participated in the Inclusive City Deal. The CDO began as a pilot in the Ondiep district under the name Unruly Ondiep *(Ondiep Ontregelt)* and then expanded to Kanaleneiland and Zuilen. The Overvecht district will follow in 2020. It is no coincidence that these are the districts with many multiple social problems. In addition to the district-specific CDOs in these four districts, a municipal CDO has also been organized for similar cases from the other districts. The municipal CDO meets on a weekly basis. The CDO seeks to be a body where the broad problems Utrecht citizens may have to deal with can be solved together. Initially, the emphasis was on work and incomes and the neighborhood teams. A conscious choice was made to organize the CDO around stagnating and/or escalating cases. The goal of the CDO is not only to achieve a breakthrough in those cases, but also to learn how the various municipal domains and the systems that function within the Municipality can be better

connected to each other and to the wide-ranging living environment of the citizens of Utrecht (Wieke Westgeest, personal communication 22/03/2019). To this end, 'Learning from the City Deal' meetings are organized every two months.

The guiding principle within the CDO is the 'value triangle' (*waardendriehoek*) of the Institute for Public Values (*Instituut Publieke Waarden,* IPW), in which legitimacy, involvement and return (*rendement*) are continually involved in the valuation of social initiatives. The Utrecht CDO uses the triangle when discussing concrete cases and possible solutions. The triangle reminds the involved employees to learn to think beyond old assessment frameworks. Legitimacy is explicitly focused on whether an initiative or intervention makes a difference in the lives of citizens. Involvement is about whether there is support for an initiative or intervention. Return is about whether scarce resources are used wisely. The triangle is prominently displayed on the laptop of the CDO's Chair during the discussion of concrete cases. It invites viewers to make a broad assessment and to learn to think about achieving the necessary preconditions in all kinds of living areas in order to achieve a breakthrough for the child and family *(doing what is necessary*). Discussing concrete cases in the CDO not only leads to a mutual adjustment and clarification of perspectives and assessment frameworks, but also to concrete changes in practices and regulations.

There is a contact person for the Department of Work and Incomes in every district. In districts where there are many multiple problems, employees from the Department are even placed on the neighborhood team. Conversely, the employees from Work and Incomes learn a lot from the neighborhood team members. For example, citizens need support when filling in a digital application for special assistance benefits (*bijzondere bijstand*) because they may not be aware of the circumstances that might entitle them to such benefits. Clients are often not yet able to find their own way within complex and digitized systems. A family social worker from Lokalis who participated in a CDO pointed out the unclear instructions for district heating in Overvecht and the often high energy costs for residents. During that same meeting, he drew the attention of his CDO colleagues to the changed registration procedure for social housing.

The CDO has significantly improved the cooperation between neighborhood teams and the Work and Incomes Department. We see a similar effect here as between the neighborhood teams and the Extr@teams and as in cultivating the Customization Route. The fact that people know each other and know where to find each other is an important benefit of the CDO. To accelerate and spread thinking about breakthroughs and customization among employees, Road Shows are being organized with the neighborhood teams or, for example, within the Work and Incomes Department every week to reflect on new or existing cases (Jos Linskens, personal communication 04/09/2019). Forty employees of Work and Incomes followed a course provided by the Institute for Public Values. They now form the 'Development Team' which meets every week to discuss, based on concrete cases, the 'grey areas' (i.e., those areas where it is not immediately clear to employees whether a customized solution is possible). The hope for the future is that clear Work and Incomes cases will no longer be brought into

the CDO because they can be solved within their own service according to the principles of the value triangle.

An interesting discussion arose during a 'Learning from the City Deal' meeting we attended. There, someone asked when the City Deal should be considered a success. Employees from the Work and Incomes Department thought that would be the case when the City Deal was no longer needed – when all employees involved in social services have the competencies and skills to achieve customization and breakthroughs. After all, the CDO is not a goal in itself. However, in her liaison function, the coordinating official from the Municipality remarked that the CDO also has a continuing function to fulfill because it is how the Municipality continues to keep an eye on the ever-changing current problems in the districts.

The City Deal has meant a lot to the relationship between Work and Incomes and the neighborhood teams, and much has been developed in the area of **debt counseling** in particular. In the Ondiep pilot, for example, the neighborhood team began working together with the Mitros housing corporation on an early warning system for debts. Such early warning has since been expanded to other major creditors like health insurers and has been adopted in all the neighborhood teams (Lokalis jaarverslag 2018, p. 8; Lokalis Rapportage eerst halfjaar 2018, p. 18). This not only gives more insight into the accumulation of debts, but a family can also be helped at an earlier stage via a debt assistance program (Ruud Ilbrink, personal communication 04/09/2019). In neighborhoods with a lot of debt problems, Work and Incomes employees are present one day a week to discuss the debt issue with the family social worker from the neighborhood team and the household. 1600 cases were handled in 2017 and 1750 cases in 2018 (Lokalis Jaarverslag 2018, p. 8). The shift in debt assistance ensures that the Work and Incomes program supervisor can think along with the household and the family social worker at an early stage to prevent worse problems. Family social workers are trained in dealing with debt problems and share successes in solving debt problems (Lokalis Jaarverslag 2018, p. 8; Lokalis Rapportage eerste half jaar 2018, p. 18). If the client agrees to budget management, an imminent disconnection of gas, water and electricity or an imminent eviction due to rent arrears can be prevented with one phone call. Via the national City Deal, there is even a 'red button' that family social workers can use through the Municipality to get solutions from the Unemployment Insurance Agency (*Uitvoeringsinstituut Werknemersverzekeringen*, UWV) or the Tax Office (*Belastingsdienst*) (Ruud Ilbrink, personal communication 04/09/2019). When there are no regular possibilities to support clients with payment problems and the family social worker still believes that financial support is needed, they can call upon the Unconventional Customized Solutions (*Onconventionele Maatwerk Oplossingen*, OMO) fund.

Due to the great scarcity of affordable housing on the Utrecht housing market, it is much more complicated to achieve a breakthrough in the field of **housing**. At the same time, most of the cases submitted to the CDO involve housing problems. For the most urgent clients, 30 contingent homes have been reserved (Wieke Westgeest, personal communication

22/03/2019). Some cases may require a switch to other municipalities and the client may be advised to move. There are agreements between the Municipality and the Utrecht housing corporations to make 75 places available for vulnerable young people (Place2BU; Kamers met Aandacht), but the housing corporations do not always comply with these agreements (Gemeente Utrecht Gecombineerde voortgangsrapportage en uitvoeringsagenda Jeugd, April 2019-April 2020, p. 35). Residential consultants are by no means always willing to collaborate on a customized solution outside the regular allocation procedure. The City Deal and the realization of customized solutions and breakthroughs do not yet play an explicit role in the performance agreements made with housing corporations.

Relationships with **education** have greatly improved. The former school social work in Utrecht has now been assigned to the neighborhood teams from Lokalis and two separate teams have been set up for secondary education and vocational education. These teams also employ family social workers with various disciplinary backgrounds. Because children come from different neighborhoods, the family social workers from these teams work in an interrelated way as appropriate with the family social workers from the neighborhood team where the children and family reside. Lokalis, in cooperation with other core partners, has developed an integrated school support plan with eleven secondary schools in which common development goals are formulated and trends are identified (Lokalis Jaarverslag 2018, p. 11). Investments are also being made in the core partner approach (*kernpartneraanpak*) in primary education, but due to the size of that sector it is still in a different phase. Collaboration from the youth domain with the Special Education Partnerships (*Samenwerkingverbanden*) at the primary and secondary education levels was already sought at an early stage. The Secondary Education Partnership was one of the three partnerships in the Netherlands that started experimenting with the new law before the Special Education Act took effect. Moreover, the Municipality and Sterk VO (a special education organization) have worked together since 2011 to prepare for the transition (Wytse de Jong, personal communication 04/09/2019).

The core partner approach works in a similar way as the CDO and the Customization Round Table. An appropriate level of aggregation has been sought. Because the partners have gotten to know each other and constantly meet each other, they learn to think more and more about the demands and needs of the child instead of the existing supply. The partners also invest in learning from cases together. An example of that is the 2019 'Home Sitters Consultation' session organized with schools and core partners who discussed how the problem of long-term 'home sitters' (school-age children who stay at home instead of going to school) could be tackled at the case level (Lokalis Jaarverslag 2018, p. 11).

The **District Alliances** are intended to strengthen cooperation between core partners at the district level. In addition, Basic Care-Youth Mental Health Care pilots have been started in three districts (Ondiep, Leidsche Rijn and Binnenstad). The pilots were a joint initiative of Lokalis, Integrated Primary Care Partnerships (*Geïntegreerde Eerstelijns Samenwerkingsverbanden*, GES) and the City of Utrecht General Practitioners (*Huisartsen Stad*

Utrecht, HUS). The aim of these pilots was to develop a common vision of the cooperation between basic social and medical care in youth mental health care in providing timely and coherent care and support. Joint assessments of anonymized cases provided a great deal of knowledge about the facilitating conditions and bottlenecks of that collaboration (Lokalis Rapportage eerste half jaar 2018, pp. 16-17; Jeanine ten Haaf, personal communication 10/10/19). The aim was to improve prevention while always focusing on the specific challenges of a district. The district challenge in Overvecht was to tackle developmental delays among young children. In Noord West, the district challenge was defined by health problems and in Kanaleneiland by language problems (Lokalis Jaarverslag 2018, p. 11).

The Overvecht Acceleration (*Versnelling Overvecht*) project was developed by the Municipality of Utrecht in collaboration with Jongerenwerk Utrecht (Youth Work Utrecht, JoU), social brokers (*sociaal makelaars*), the police and the women's organization Al Amal. This project aims to prevent juvenile delinquency and provide guidance to at-risk youth (Lokalis Jaarverslag 2018, p. 6; cf. Rapportage eerste half jaar 2018, p. 7). A similar project (Approach to Youth Groups, *Aanpak Jeugdgroepen*) has been developed in the Dichterswijk, the Rivierenwijk and Zuilen in collaboration with the area manager for security, the police and the JoU. In Zuilen, it has been agreed that the police will first contact the neighborhood team before a concern report is made to SAVE or Veilig Thuis. This not only leads to faster contact with at-risk youth, but also to a more problem-oriented approach (Lokalis Rapportage eerste half jaar 2018, pp. 7, 14).

2.4 Summary

Above, we discussed the most important institutional innovations that have been achieved in Utrecht in recent years. We made a distinction between innovations within the field of youth care (aimed at better coordination between general basic and specialist youth care) and innovations between the youth domain and adjoining domains of social support (e.g., work and incomes, housing and education). There is a high degree of consistency and coherence between these different institutional building blocks. It is, above all, the accumulation of successive innovations that matters. Here we will identify the most important shared elements or – if you like – workable components of these institutional building blocks.

The choice to give the responsibility for basic youth care to a single organization set up for that purpose (Lokalis) laid the organizational and institutional foundation for the Utrecht model. There have been several personnel exchanges between Lokalis and the Municipality in the past. By constantly talking with each other about what exactly they are aiming to accomplish with the neighborhood teams and basic youth assistance, a shared vision has emerged. Because the neighborhood teams are part of a single organization, there is also continuous clarification and cultivation of guiding principles (normalization, de-medicalization, customization) within and between the neighborhood teams. As a result, Lokalis has in fact become the 'specialist' in providing general basic care.

The professionalization of this activity is reflected in the family social worker. Cultivation of the profession of family social worker manifests itself in the continuous development, explication and training of competencies and skills. An important part of that training takes place by discussing casework and reflecting on evolving support practices. The formation of neighborhood-oriented specialist youth care is an important next step in this professionalization process. Family social workers are not only strengthened by the proximity of specialist expertise, but also learn to do their own work better. Conversely, professionals in specialist youth care learn from the neighborhood teams. They not only learn to take a broader view of youth problems, but also to work with them in the district and at home as much as possible.

The creation of arrangements such as the Appropriate Alternatives Committee, the Customization Round Table and the City Deal meetings and District Alliances built an *infrastructure* through which professionals involved in cases and problems can deliver customized solutions in a coordinated manner. The infrastructure has evolved, and the question is now the extent to which this infrastructure has a temporary or permanent function in the Utrecht youth care system. It is interesting, for example, that customization has increasingly become part of the normal work process. The Customization Route is a good example of this. What used to be an *escalation route* has actually become a *de-escalation routine*. The Appropriate Alternatives Committee has deliberately been absorbed into the Customization Route and no longer exists. The Customization Round Table is also gradually making way for the Customization Route. This is how the Utrecht system continues to evolve. Which infrastructures and arrangements will ultimately follow from this is not certain, but in one form or another they will probably have a permanent function to fulfill in the Utrecht system. The official Chairs and/or leaders of these various arrangements have an important *liaison function* with other sectors of the Municipality and adjacent areas of support. Equally important is that the participants in these consultations have a mandate from their own organization or department.

As far as the intended youth care transformation is concerned, there are strong indications that the emphasis has indeed shifted toward prevention, early detection and de-medicalization. The neighborhood-oriented specialist youth care teams strengthen the family social work from the neighborhood teams. It is also important that there seems to be good insight into specific district-related problems. We can conclude that a lot has already been done in Utrecht to achieve customization. The relationship between basic and specialist youth care has entered a new phase with the development of the Customization Route and the generalization of neighborhood-oriented specialist youth care. The infrastructures and arrangements for coordination between youth care and adjoining social domains make it actually possible to achieve an integrated approach in the realm of social services.

3. Opportunities for development

We have shown that many institutional innovations are the result of continuous reflection on evolving practices. Of course, a system is never finished and cannot be cast in concrete. New problems and insights are constantly emerging. The trick is to build on what is already there. In an earlier version of this report, we discussed bottlenecks and opportunities for improvement and formulated a number of concrete recommendations. We now prefer to talk about opportunities for development in the Utrecht practice. Below, we will successively discuss the Family Plan and the goals and functions it serves; monitoring and learning from casework; and, finally, the relationship between learning and accountability. In this section, we will combine the findings from our research with our own thoughts on the subject. These thoughts have been sharpened by our discussions about our draft report with representatives from the Municipality and Lokalis.

3.1 The Family Plan

The Family Plan forms the basis for a support or assistance program (one family, one plan, one coordinator). At an early stage, Lokalis employees thought about how this could actually become a plan. In 2015, the plan consisted of one A4 that could be hung on the door of the family's refrigerator. The plan has been modified and improved four times in the last five years, but it remains complicated for an outsider to read and difficult to interpret. Many scales are used to indicate scores that are periodically attributed to situations. The prioritization of the various scale questions is not always clear, which blurs the relative weight of the different scales and the judgments based on them. In addition, it is sometimes complicated to find out which decisions have led to the goals set out in the plan and what considerations lie behind them. That is why the family social workers we spoke with thought the Family Plan was far from always useful for the purpose it is meant to serve. We have exchanged more ideas about this with representatives from Lokalis (Rianne Ruiter and Kim ter Beke, personal communication 25/03/2019; Rianne Ruiter, personal communication 05/07/2019; Ruud Ilbrink, personal communication 05/07/2019; discussion of draft report, 12/12/2019).

It is important to emphasize that, in the view of Lokalis, the Family Plan is primarily intended as a means of describing the collaboration between the family social worker and the family. The Family Plan is primarily intended to be an aid for getting to the right discussion and reaching collaborative agreements with the child and family in order to achieve agreed-upon goals. The goals written in the plan should really be the goals of the child and family themselves. The Family Plan also offers space to show the different views of the care providers involved. Lokalis views this as the most exciting part of the Family Plan because it brings differing visions and judgments together. For example, the plan can show that care providers are indeed concerned about a specific situation, despite the high scores that clients give it themselves. It is also possible that different care providers assess a situation differently. When

a conversation with a client becomes really tense because family social workers or other involved care providers assess a situation as less positive or rose-colored than the client does, contact journals were often used in the past. The contact journals could, in principle, also be read by the client but, until 1 January 2020, that was only the case on specific request by the latter. Since clients often did not read the contact journal, it was the place where family social workers could 'safely' share their professional concerns about the client with their colleagues.

Work is currently underway on a new registration system to replace the Short-Term Social Services System (*Korte Termijnsysteem Sociaal Domein*, KTSD). The KTSD was always intended to be a temporary system and is perceived to be too slow and unreliable. The new registration system is being developed together with Incluzio, but the wishes of Lokalis and Incluzio are not entirely in line with each other. Incluzio mainly wants to have a system that works well for its employees. In Lokalis' view, the registration system should function as a kind of client portal that can also be actively used by clients (Rianne Ruiter, personal communication 05/07/2019). The contact journals will be included in the new registration system and will be accessible to clients.

Utrecht University is conducting research into the quality of Family Plans through the Academic Workshop (*Academische Werkplaats*). Two hundred anonymized Family Plans have been viewed, but the results of that research are not yet available. The quality and use of the Family Plans are also regularly evaluated at Lokalis. Initially, this assessment was based on a sample of 20 cases per week in all teams. Meanwhile, teams are periodically vetted (Rianne Ruiter, personal communication dated 25/03/2019). Lokalis continues to reflect on the best way to set up the Family Plan. In their view, the number of scale questions could be reduced and the Family Plan should, in principle, also be a source against which the effect of support can be measured. In this way, the Family Plan could also provide valuable information for monitoring and accountability, a point to which we will return later.

We observed above that it is complicated to connect the youth care and child protection chains. The partly different focuses of the two chains become clearly visible when the support plans used by SAVE and Lokalis are compared. Like the Lokalis Family Plan, the SAVE plan is drawn up together with the client and, in addition to the regularly updated descriptions of the case, it contains the 'core decisions' (*kernbesluiten*) that have been made (e.g., under supervision order, custodial placement or return), the goals and conditions that have been set with the client (and family), as well as a timeline and consequences for any non-compliance. Much less is scored on various scale questions in the SAVE plan. The only score that must be explicitly substantiated in the SAVE plan is that of the child's safety as perceived by the various parties involved. The main difference, however, is that the format used by SAVE is structured by the core decisions and underlying motivations. The need to constantly be able to account for decisions made about the child and family to the Child Protection Board and the Juvenile Court magistrate requires that those decisions be carefully explained and substantiated.

At SAVE, there is a desire to work much more from a joint plan or to be able to possibly continue with the family social worker's plan (Floor Roks, personal communication 13/09/2019). Veilig Thuis also works with a different plan format and reporting system than SAVE does, although it is more in line with the format used by SAVE. The SAVE caseload does not seems to allow for more intensive and long-term guidance of SAVE employees for neighborhood team members. That means there is a need to invest heavily in the search for other forms of collaboration between the SAVE teams and neighborhood teams. Increasing the interoperability of the support plans could contribute to this effort. Thinking together about the interoperability of the two plans could provide a practical starting point for strengthening the interrelationships and links between the child protection chain and the youth care chain. In both plans, realistic goals are set with the child and the family that must be periodically tested for feasibility and achievement and, if necessary, adjusted.

The plan used by SAVE has an explicit accountability function. Core decisions about a possible under supervision order, custodial placement or return must be justified so they can be accounted for to the Child Protection Board and/or the Juvenile Court magistrate. The Lokalis Family Plan, on the other hand, is primarily intended to discuss shared (positive) development goals with the child and family and to reach cooperation agreements. Although the Lokalis Family Plan does not mention core decisions, the development goals included in the Family Plan can be understood as such. However, the many scales that are now in the Family Plan obscure the development goals and cooperation agreements to which clients and professionals involved commit themselves, the actions they decide to take, and the effect of interventions on the goals over time.

3.2 Diagnostic monitoring and learning from casework

An important question from Lokalis is how to evaluate and learn from an analysis of casework. Can sustainable effects be determined, and can these effects be attributed to the interventions carried out in the youth domain by the parties involved? From an analysis and assessment of casework, is it possible to learn more systematically from each other and with each other about what works and what does not? The Family Plan is the basic document for the diagnostic monitoring of cases. Diagnostic monitoring is then the method for learning more systematically from casework, both at the level of the individual case itself and at the level of the systemic conditions under which the work must be done.

We can further explain the method of diagnostic monitoring based on what the Netherlands Scientific Council for Government Policy (*Wetenschappelijke Raad voor het Regeringsbeleid*, WRR) wrote in their 2004 report *Bewijzen van Goede Dienstverlening* ('Evidence of Good Service') about the relationship between process control and output measurement. In its advice to the government, the WRR states that social services benefit from a form of monitoring that can do justice both to the complexity and context of professional practices and to the political and administrative burden of social services (WRR, 2004, p. 210).

Professional support practices such as in youth care are based on multiple situational and contextual assessment criteria. It is important that there is a dialogue about these various standards and views between professionals themselves and between professionals, management and directors. A dialogue about how to give this further form and substance has to cover both the question of which work and collaboration agreements should at least be guaranteed for good and effective youth care (process monitoring) and the question of which support practices and interventions have a lasting effect (result monitoring).

This is exactly what diagnostic monitoring, as an experimentalist support and control practice, aims to do. Diagnostic case monitoring is aimed at making the tacit knowledge of the involved professionals, civil servants and administrators explicit so the resulting intuitive choices and actions can be clarified and made explicit and become part of deliberation with the perspectives and views of other parties involved. We summarize the multiple goals of diagnostic monitoring below:

- Making existing and evolving support and control practices explicit so opportunities for improvement can be identified and, if possible, generalized;
- Supporting and nurturing the professionalization process within the teams and between the teams and the chain partners;
- Clarifying rules and guidelines when there is confusion about those rules, or adapting rules and guidelines when they conflict with effective practices;
- Making arguments explicit in decision-making processes so any involved party can justify decisions to third parties when asked to do so.

Because this is essentially about unlocking contextual and situational information and knowledge, the source of knowledge lies in the cases that have come through the neighborhood teams, the Customization Route and the Customization Round Tables and in the adjoining domains (e.g., work and incomes, housing, education): with the child and family and their social network and the professionals involved with the child and family. The Family Plan and the contact journals are the source where this knowledge and information have been brought together, where the agreed-upon development goals and related cooperation agreements have been documented. Good reporting in Family Plans (and in contact journals) is therefore a prerequisite for what we have called diagnostic monitoring.

To make diagnostic monitoring more methodical, we will discuss the Quality Service Review (QSR), which is used in the American state of Utah as a learning and accountability tool in child protective services (Noonan et al., 2009). QSR offers a method for diagnostic monitoring and can be applied to case files. All the parties and arrangements involved in a case (the neighborhood teams, the specialized teams, the Customization Route, the Customization Round Tables or the City Deal meeting) can be discussed in the QSR. It is important that such an assessment methodology is aimed at generating intersubjective knowledge and mutual learning and provides the basis for dialogue. As written in the aforementioned report from the WRR: *'The emphasis is on trust, not judging*. *It is therefore more a question of a system of*

*reviewing and monitoring and not of judging and checking. [...] The emphasis then shifts from "legitimacy constructions" to ways of strengthening the problem-solving capacity of institutions while maintaining democratic support' (*own translation, WRR, 2004, p. 211).

The QSR methodology for diagnostic monitoring could be used as follows:

1. Every quarter, a number of client files are assessed by a team of at least two people, one of whom works within the same organization (from another neighborhood team or the central organization) and one from outside the organization (e.g., an expert from the neighborhood-oriented specialist youth care team);
2. The case files can be selected based on a random – possibly stratified – sample or selectively, depending on a specific research question;
3. The review teams are trained to perform a good review. After all, the art of a good review is to stay out of the realm of condemnation and reckoning. The review should invite reflection and focus on dialogue and learning instead of judging;
4. The purpose of this friendly peer review is to use all available information and interviews with professionals involved in the case to reconstruct the decision-making and collaborative process in order to verify whether the support plan was adequately justified, implemented as intended, and adapted and revised when new information became available;
5. The results of the review are discussed with team leaders and involved employees to correct any misjudgments and discuss possible improvements to the team's working methods;
6. When necessary, rules and guidelines are revised to systemically embed innovations that emerge from the review and to be able to solve systemic problems that came to light during the review in a lasting manner.

The task is to make any QSR or similar peer review part of one's own learning and professionalization process. Note that the Work and Incomes Department of the Municipality of Utrecht already implicitly applies this methodology in their internal case discussions every two weeks. The methodology proposed here is also in line with the Municipality's wish to periodically evaluate the Customization Route. The aggregated results could then be included in the annual quality report from Lokalis, the neighborhood-oriented specialist youth care teams and the Municipality of Utrecht.

We believe that a more systematic diagnostic monitoring of casework could also contribute to the analysis of the relationship between interventions and long-lasting social results. We noticed that the CDOs are more systematically monitoring which cases have been discussed and the results of those discussions. There is a detailed overview with analyses of the cases submitted to the CDO since 2016, broken down by referring parties, districts, the nature of the submitted case and of formulated solutions, including the use of the OMO (Unconventional Customized Solutions) fund.

We believe that the cases handled by the neighborhood teams, Customization Round Tables and Customization Route would also benefit from a more systematic diagnostic monitoring of the results achieved. First, individual cases provide qualitative information about the relationship between interventions and long-lasting effects because they reveal situational and contextual factors. Second, such a diagnosis also facilitates a more explicit reflection on systemic conditions and bottlenecks in the Utrecht youth care system and adjacent domains of social support. Third, such diagnostic monitoring on an aggregated level provides more insight into the results obtained and the causal mechanisms responsible for them.

We can explain this based on the problem of ‘home sitters’ (school-age children who stay at home instead of going to school). In the aforementioned ‘Home Sitters Consultation’, in which core partners in education, youth care and youth health care participated, strong indications emerged that potential home sitters could probably be identified at a much earlier stage. From the interview with Jeanine ten Haaf (Strong Districts and Education program manager at Lokalis): *‘Of course, we have no data from home sitters; that comes from another source. But of course we need it to use our own data as well. So you can look: which dates are interesting? To see which knobs you can turn [...] often the first signs are that children are regularly absent for parts of the day. Especially in secondary school. That is often not so noticeable for a school. They have headaches, stomach aches, things like that. But these are often the first signals that can lead to long-term sitting at home. But you can also look back further: for example, do you have to do something in middle school? I think you will see that something was already going on then. So how can you do other things much more preventatively, so you really get a different outcome?’* (Jeanine ten Haaf, personal communication 10/10/2019).

Diagnostic monitoring of casework is one tool for gathering this knowledge. Combining the qualitative data obtained with other data (e.g., from schools, compulsory education and the pediatrician) and the quantitative data collected by the Municipality of Utrecht offers rich insight into ‘what works’ in Utrecht's youth assistance and social services.

3.3 The Family Plan as an accountability document

The final step we want to take in this report begins again with the Family Plan. What we believe has been insufficiently recognized so far – not only in Utrecht, by the way – is that, with just a few adjustments, the Family Plan can also be an accountability document about the customization that needs to be done in a specific case. To explain this in more detail, we will take a short foray into the relationship between legality and customization.

In its fourth periodic review of intergovernmental relations after the decentralizations in the social and physical domain, the Council of State (*Raad van State*) noted that the ‘customization concept’ has important consequences for the interpretation of the notion of ‘equality before the law.’ Customization is aimed at treating citizens equally while taking into account

differences in personal or local circumstances (Raad van State, 2016, pp. 30-32). If perceived differences in treatment cannot be adequately explained, the Council of State argues, citizens will perceive them as 'arbitrary.' The evaluation of the Youth Act noted that municipalities' decisions about youth assistance that come before the court often do not meet the due care and justification requirements of the General Administrative Law Act because, for example, the Municipality cannot clarify what expertise was used in determining which youth assistance to provide and how the board came to its decision (ZonMw, 2018, pp. 44-46).

An important judgment from the Central Appeals Court (*Centrale Raad van Beroep*, CRvB) specifies the due care and justification requirements that should apply to youth assistance decisions (CRvB, 01/05/2017; see: ZonMw, 2018, pp. 46-47). The CRvB states that in order to assess a specific request for help or support, the Municipality must be able to justify the professional expertise used to determine the required youth support, i.e., which expert with which expertise gave which advice in a specific case (ZonMw, 2018, p. 47). If a young person's problem remains unchanged, the scope of youth care cannot be limited without further justification and the same requirements in terms of professionalism and expertise apply. Based on Article 3.2 of the General Administrative Law Act and Article 2.3 of the Youth Act, the CRvB then states that municipalities must follow a *step-by-step plan* when making a decision about youth assistance facilities: (1) municipalities first determine the demand for care; (2) they then determine whether there are growth or parenting problems or psychological problems/disorders, then assess the nature and extent of the care needed; and (3) investigate whether the parents themselves (with the help of the social network) can offer the required care or support; and finally (4) the 'local' team must further obtain sufficient information within the framework of careful decision-making and speak to or observe the young people.

We observed above that the Municipality of Utrecht has properly organized the use of professional expertise and that it will not be difficult to identify the involved experts who are mandated by the Municipality to assess who needs which youth care and support. The step-by-step plan that the Municipality of Utrecht must be able to submit to an administrative court in the event of a dispute about a youth care decision is therefore, in fact, the Family Plan from Lokalis. The Family Plan then plays a crucial role in meeting the due care and justification requirements set by the administrative courts in the context of adopting youth care measures. In other words, the Family Plan is not only the report of development goals and cooperation agreements shared by all parties involved, actions to be taken to this end, and their effects on the development of a child and family, but it also serves as one of the most important accountability documents for youth care decisions. The Family Plan is, in essence, the accountability document against which the legitimacy of customization can be tested. The good news is that a carefully drawn up and continuously updated Family Plan can perfectly unite these different functions (establishing cooperation agreements about agreed-upon goals and accountability for them) and can comply with the due care and justification requirements set by the administrative court, thus alleviating any extra administrative work

or accountability pressure. This is how professional and administrative accountability go hand in hand.

4. In conclusion...

This brings us to the end of our 'expedition' through the realm of social services in the Municipality of Utrecht. How should we now position our findings from the Utrecht model within the thinking about the transformation of youth care in the Netherlands? Think of the *Care for Youth Action Program* (*Actieprogramma Zorg voor de Jeugd*) launched in 2018, the evaluation of the Youth Act, the many discussions on social media about the decentralization of tendering for specialist care, space for the professional, administrative regulatory and accountability pressure, and so on. Dutch youth care is undergoing a critical transformation. The recent letter from of the Ministers of Health, Welfare and Sport (VWS) and of Justice (*Rechtsbescherming*), *"Toward a Better Organization of Youth Care, Youth Protection and Youth Rehabilitation*" (*Naar een betere organisatie van jeugdhulp, jeugdbescherming en jeugdreclassering,* 07/11/2019), formulated conditions for effective local youth care teams based on research from KPMG. We test the Utrecht model as we have seen it functioning against these conditions.

The letter from the ministers states that collaboration in the social domain is hampered by a highly varied field of providers. Utrecht shows that partnership-based contracting is indeed more sensible. The choice to make Lokalis responsible for the neighborhood teams and the recent tender for the neighborhood-oriented specialist youth care teams show that collaboration and transformation become easier when long-lasting partnership relationships can develop between basic youth care, specialist youth care, the other chain partners and core partners in the realm of social services and the Municipality. Such a partnership also allows all parties to work together to *do what is necessary* for children and families in youth assistance.

According to the KPMG report and the letter from the ministers, local basic teams should be able to provide short-term support but, at the same time, sufficient specialized expertise should be available at the front end, accessible to the basic teams. By investing the basic youth care in one organization set up for this purpose, Lokalis, a solid foundation has been laid for the development of the neighborhood teams and the development and cultivation of the family social worker as a generalist basic care professional. The Utrecht neighborhood teams seem to be able to provide short-term accessible support and work with a broad perspective. The Extr@teams seem to have a similarly broad perspective and it is intended that this will also be developed in the neighborhood-oriented specialist youth care teams. That was also the intention of the recent tender. The basic teams and the specialist youth care teams learn from each other's working methods. The same applies to the connections between Work and Incomes and youth care. The shift in debt assistance is a good example of this. The Utrecht neighborhood teams are positioned in such a way that they can identify requests for support and assistance in a timely manner. Consider, for example, the choice to create two neighborhood teams focused on secondary education and vocational education in addition to the district-oriented neighborhood teams.

According to the KPMG report and the letter from the ministers, a neighborhood team should also reflect on the district's individual and collective issues and problems. We have seen that this is being given a lot of thought in Utrecht. The neighborhood teams and the neighborhood-oriented specialist youth care teams, as well as the District Alliances and the various City Deal meetings, are geared to the specific problems of the district in which they work. This provides valuable insights into the use of youth care services. The demand for youth care services in a district such as Leidsche Rijn is really different from typical multi-problem districts such as Kanaleneilanden, Zuilen and Overvecht.

Finally, the letter from the ministers states that a good vision enforces choices and makes them explainable to all involved. We have seen in Utrecht that work focuses emphatically on leading transformation principles and works in dialogue at all professional and administrative levels of social services. The practice in Leidsche Rijn, where the neighborhood team and the Extr@team work together on normalization and solutions in the district, is a good example of this. Successive institutional innovations have strengthened each other and facilitated the further operationalization and cultivation of the guiding principles formulated at the time. These new institutions are infrastructures through which professionals and civil servants constantly meet to solve problems, to achieve breakthroughs in stagnating cases, to de-escalate where possible and to escalate where necessary. This is how Utrecht's social services system has developed a heterarchical structure of vertical and horizontal relationships in which recursive cycles and feedback loops ensure intensive information and knowledge sharing.

This is only possible in a context of great mutual trust and reflexivity. We have come to know the people (and the organizations in which they work) involved in Utrecht's youth care system and the realm of social services as open and receptive to reflection on their practices and themselves. This reflexive attitude is invaluable and has already brought much to Utrecht. It has ensured that the Utrecht youth care system has continued to develop in a consistent and coherent manner over the past five years. We hope that our reflections can in turn contribute to the further development of Utrecht's youth care system. We wanted to show how diagnostic monitoring can contribute to the further cultivation and institutionalization of the guiding principles in the transformation of youth care.

During one of our round table discussions attended by employees from the Municipality of Utrecht and Lokalis, we discussed the paradox that only a learning organization knows what it still has to learn. We are convinced that this is particularly true for Utrecht. Transformations take time, but we have become convinced that the transformation of youth care is possible. Utrecht is proof of that.

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