

Making Cooperation Work: Preventative Structures In Municipalities For Children And Young People In Europe And The Netherlands

Christina Wieda, Bertelsmann Stiftung
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Organization



70 projects



380
employees



€90 million
spent on projects
each year



operational
non-profit
impartial

Our Topics

- Improving Education
- Shaping Democracy
- Advancing Societies
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- Vitalizing Culture
- Strengthening Economies



The Initiative „Leave No Child Behind“:

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The initiative „Leave No Child Behind“

In 2011 the State Government of North Rhine-Westphalia and the Bertelsmann Stiftung launched the project

- aims to **improve development prospects** and **provide equal opportunities for all children** (but: focus on children in vulnerable situations)
 - integrated and comprehensive approach including different sectors: **child welfare, education, health, social services**
 - **40 municipalities** take part in the initiative
 - Municipalities create **local prevention chains**:
 - Systematic collaboration between stakeholders
 - Intention: improve the effectiveness of local support
- The **Bertelsmann Stiftung** is responsible for the **accompanying scientific research**
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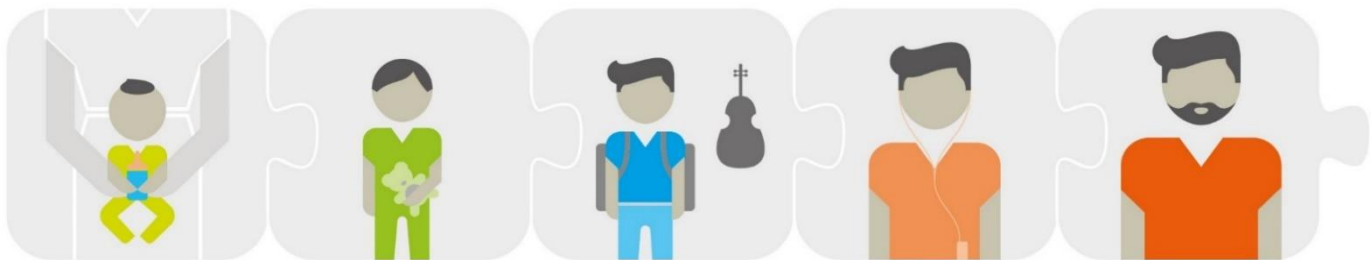
Definition of local prevention for children and young people

- The idea of the initiative „Leave No Child Behind“ is to **think from a child's point of view**
- Prevention aims both at a direct influence on the **behaviour** of the target group and at a positive change in the target group's **environment**
- Prevention of risk factors and strengthening of protective factors → **resilience**
- Prevention includes
 - ...**universal preventive offers** that take effect before a problem arises (e.g. home visitation programmes for all families), prevention in pre-school, schools, health care.
 - ...**targeted approaches**, that support the most disadvantaged (e.g. specialised programmes for families in need)

Definition correlates with the commission's recommendation „Investing in Children: breaking the cycle of disadvantage“ (2013)

“Leave No Child Behind” promotes community-based prevention chains to support children and young people and improve their participation in society.

Prevention chains without gaps to improve prospects for the future of every child!



Pregnancy and
birth

Pre-school age

Classroom and
extracurricular learning

Adolescence

Career starters

a healthy upbringing — strengthening families — supporting learning — enabling inclusion

Prevention in a European Comparison

Austria, Czech Republic, Denmark, England, Finland, France, Germany, Ireland, Lithuania, the Netherlands, Spain, Sweden,

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Study

“Governance and Incentive Structures for the Enhancement of Municipal Prevention Policies for Children and Young People in a European Comparison”

financed by



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research by



German Research Institute
for Public Administration

In cooperation with

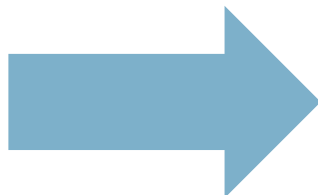
Dr. Falk Ebinger,
Vienna University of Economics and Business

Dr. Renate Reiter
Leipzig University

Relevant factors for a successful growing-up

Children need an appropriate access to

- Health Care
- Early Child Care
- Children and Youth Welfare
- Education
- Social Security System



Countries offer support to children and their families in

- Universal Services
- Preventative Services
- Specialised /targeted Service

General problems of the approach

- Distinction between child protection, prevention, health and social care
 - Austria, Germany, France, England: Child Protection was the push to start programs for more well being for children and young people.
- No nationwide common understanding of prevention, but a rising awareness for social care and prevention.
- Differences of governance and programs in the examined countries=> no deeper comparison possible

How to achieve effective prevention patterns?

- **Territorial Consolidation**, concentration of preventive measures in one hand on a decentral level:

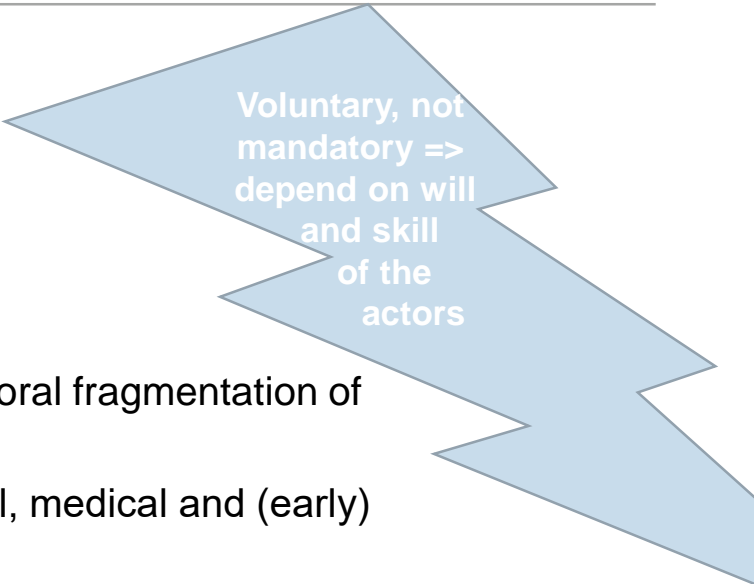
→ Denmark, Netherlands, Sweden, Finland, Spain
- Development of **networks** for cross-sectoral, institutionalised cooperation:
→ Austria, France, Germany
- Persistence of **fragmentation and agencification**, little or no institutionalised cooperation:
→ England, Ireland

Fragmentation and agencification: The “worst case” in terms of effective prevention

- still fragmented
 - no or nearly no cooperation
 - competences might even be located on different levels
-
- **England and Ireland**
 - Strongly centralised, single purpose national health service
 - Specialised centres for (expecting) mothers/parents and their children uniting different sector professionals
 - Nearly no cross-sectoral cooperation structures in the preschool area

Networks – Steps in the right direction

- Networks established to support each other,
- exchange information,
- work together,
- competences still concentrated in different agencies with certain powers
- **France, Germany and Austria**
 - Development of network structures to overcome the sectoral fragmentation of competences
 - “Early aids” in Austria: Regional networks including social, medical and (early) educational sector, only up to the age of school start
 - “Leave no child behind”, “Frühe Hilfen” and other programs in Germany: Building up of municipal coordination structures
 - France: Intersectoral networks and specialised centres for mother and child protection, preschool education teams, only loose connection to obligatory school



Voluntary, not
mandatory =>
depend on will
and skill
of the
actors

Territorial Consolidation: Close to a solution

- concentrating relevant competences on **one administrative level**,
 - a (sub)national authority pulling the relevant strings for preventive action,
 - **“one-stop-shops”** with personnel from different sectors working together => networking included 😊
-
- **Denmark, Finland, Sweden and the Netherlands**
 - Long-standing tradition of extensive welfare regimes and municipalities competent in educational and social matters
 - Critical gaps to the health sector → partly the counties/regions competence
 - Multidisciplinary family centres in Sweden and Finland and health visitors in Denmark are new structures to overcome the gap between health care and social affairs/education

The Netherlands

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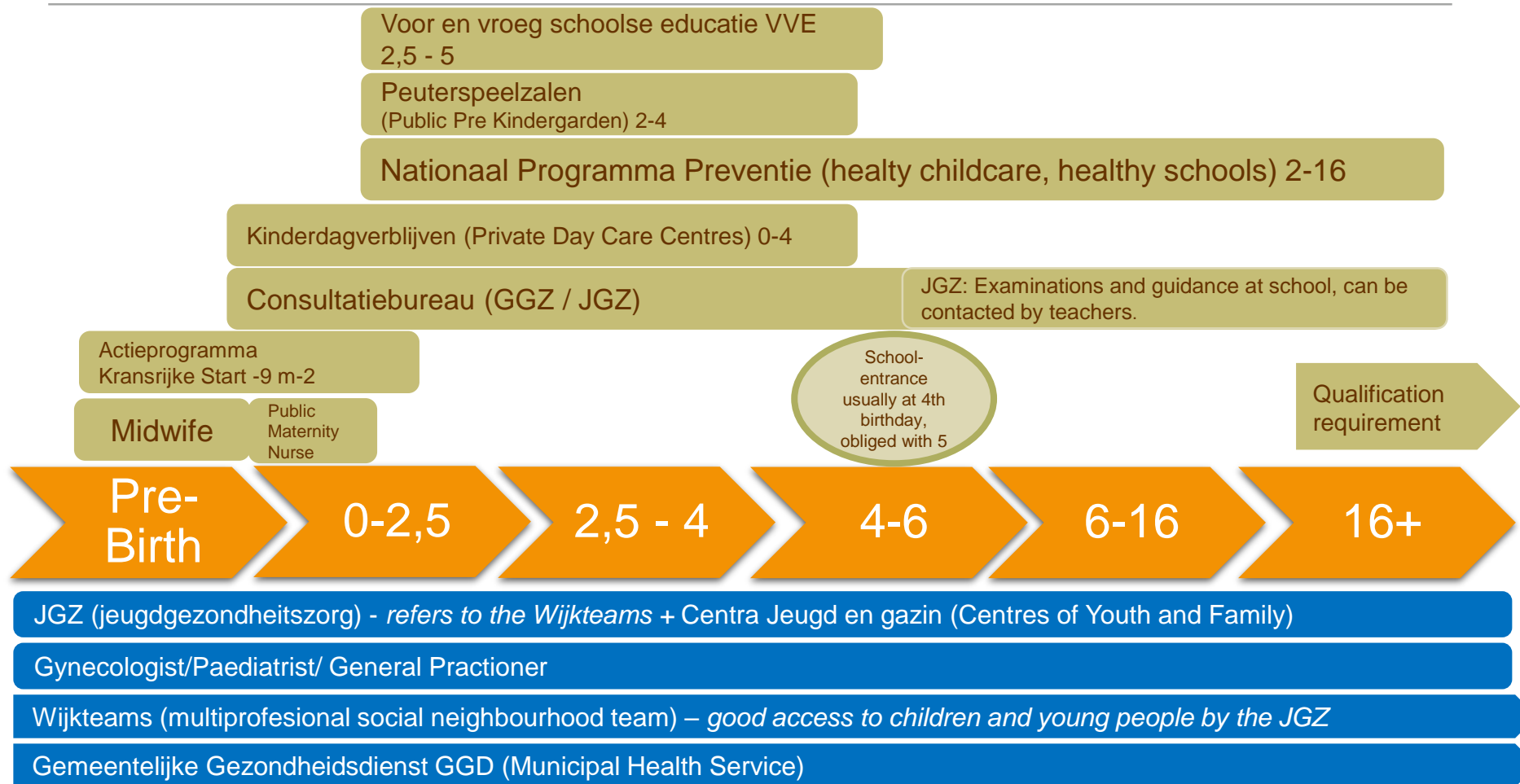
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The prevention chain in the Netherlands

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The accompanying research 2012 – 2015 shows, prevention / social investment works if...



...the mayor and council introduce and implement a strategic agenda

... there is inter-administrative cooperation on operational and financial matters

... all agents have the welfare of children in mind and act accordingly

... municipality action is evidence-based and impact oriented

... it is linked up more strongly with regulatory bodies and medical services

... implemented in early childhood

... it strengthens parents and their competencies

Prevention in the Netherlands - GOOD CHANCES FOR SUCCESS

Ideal access to the target group

Territorial Consolidation: concentrating relevant competences on **one administrative level**, a (sub)national authority pulling the relevant strings for preventive action and “**one-stop-shops**” with personnel from different sectors working together

- As in most of the examined countries the idea of prevention comes from the health sector
 - **Universal** access to vulnerable families by the **medical sector**
 - Prevention starts with the **expecting mother/parents**
 - **Reducing interfaces** by the JGZ
 - Medical Services are financed by the national government (taxes) and are **free for residents under 18**
-

Prevention in the Netherlands - GOOD CHANCES FOR SUCCESS

After the Child and Youth Act /Jeugdwet 2015:

- **all responsibilities and services** for children and young people - voluntary and compulsory from 0 – 18 years - **are united in the municipalities**,
 - Universal Service => Youth Work, Child Care, Schools
 - Preventative Service => Child Health Care, General Social Work, Parenting Support
 - Specialised /targeted Service => Youth Care Services, Youth Mental Health Care Services, Child Protection Services
- preventive measures can be enhanced
- Wijkteams as multi-disciplinary teams bring together professionals of different areas to find the best solution for problems of a mother, child or young person
 - ⇒ the collaboration in social questions between schools and the JGZ/ Wijkteam improves
 - ⇒ multiprofessionell access to vulnerable families by the JGZ in cooperation with the Wijkteams
- access to data (JGZ files)

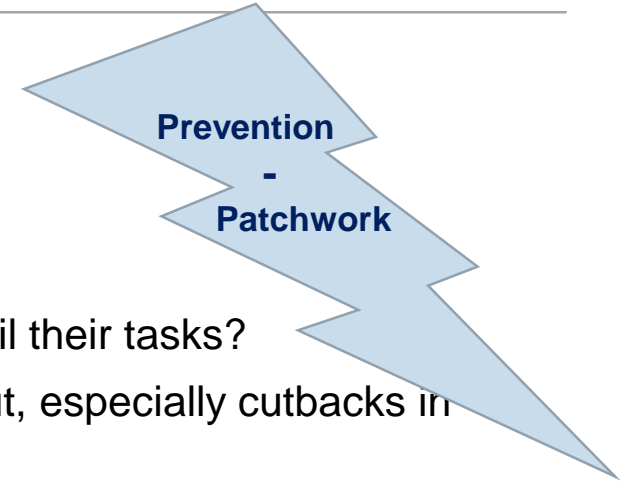
The Child and Youth Act (Jeugdwet, 2015)

Challenges for prevention – to solve at the municipalities

- Committed personnel in the administration to organize and facilitate the cross-sectoral exchange of information and coordination of preventive measures.
- Cooperation with actors/professionals of health care, social domain and education – most likely in the social neighbourhood teams.
- Interface between the privately operated schools and the social sector organized by the municipalities is fulfilled with varying success
- Fragmentation of competences on the local level, together with high independence of the municipalities.

The Child and Youth Act (Jeugdwet, 2015)

Challenges for prevention



- Financial aspects: Have the municipalities the chance to fulfil their tasks?
 - 2008 => social budgets and/ or the rising expenses are cut, especially cutbacks in preventative services in favour of mandatory services
 - 2015 => 15% cut after putting the specialized services from the provinces to the municipalities
- Smaller units have been struggling with the implementation and could not use the chance to design a prevention policy-architecture, additionally plenty of cooperation between (smaller) municipalities broke.
- Rich and bigger municipalities can do more prevention than poor and small municipalities.

Dutch Youth Care and Welfare System after 2015

What could help?

- Formulating a **common, countrywide, universal understanding of prevention** and successful growing up of children
 - Addressing the national level
 - for appropriate financial resources for empowering the municipalities in their role as implementing bodies of all kinds of youth welfare, including prevention, universal and specialised services,
 - for more binding structures all over the country, accompanied by the advice of the Nederlands Jeugd Instituut .
 - for building up or renewing networking structures between municipalities
 - for **more and compulsory collaboration** with schools in social questions
 - For giving municipalities and youth welfare a voice in legislation
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Thank you!

Besuchen Sie uns auch auf



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The Child and Youth Act (Jeugdwet, 2015)

reasons for the reform

Netherlands Youth Institute 2015

- **Imbalance in focus.** There is a growing imbalance between attention to normal development and development of risk. The specialised services received more funding in proportion to the universal and preventive services.
 - **Fragmentation.** The child and youth care system lacked transparency because of the many different services, statutory bases, responsible and funding authorities, professional associations and sector organisations. Implementing innovations is therefore often difficult.
 - **The prevailing practice of referring clients.** With many different specialised services, often one organisation can not meet all needs of children and adolescents and their families cannot be supported by one organisation. Therefore they are referred to different organisations. The admission procedures of these organisations are also complicated and take much time which prevents children and families from quickly receiving the care they need.
 - **Increased use of care.** The demand of specialised care augments by approximately 10% every year. According to epidemiologists this rise cannot be explained by an increase in problems. It seems to be caused both by an improvement in detecting problems and the earlier mentioned imbalance between services, the fragmentation of the youth care system and the domination of referrals to specialist services.
 - **Unmanageability.** When one type of services receives funding the demand of other types of services increases. For example, restricting the use of youth mental health care by its financier may lead to a larger demand on child and youth social care.”
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Territorial Consolidation: Close to a solution

- Netherlands
 - Special focus of the new Child and Youth Act (2015): Decrease the number of children in specialized care and increase preventive and early intervention support
 - Bundling all children and youth-related social services in the municipalities
 - Assumed lower costs of municipal service provision, 15% budget cut on youth
 - Reform still not fully implemented, different approaches of the municipalities
 - New multidisciplinary instrument: “social neighbourhood teams” => often replace the centres of youth and family

Prevention in the Netherlands - GOOD CHANCES FOR SUCCESS

Tradition and structures

- Long tradition of prevention in different sectors
- All competences for prevention are on local level / municipalities as implementing body
- Netherlands Municipalities
 - have traditionally a strong belief in themselves
 - refuse too much supervision
 - have significant leeway in their decisions.